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A Suggested Code

A Code of Ethics Presented for the Consideration of the American Nurses' Association¹

THEIR throughout the ages of those who have nurtured the young, the weak and the sick, the mother, the kindly neighbor, the knight on the battlefield, the nun and the deaconess within or without enclosing walls—nursing emerges as a profession from its historic setting in an attempt to meet the present demands of society. The most precious possession of this profession is the ideal of service extending even to the sacrifice of life itself, its incessant effort is to meet the need of the world for skilled and tender care in illness and for wise guidance in attaining and maintaining health, the constant obligation of the profession is to keep abreast of all scientific advancement relating to health.

¹Read before and discussed by the Association at Atlantic City, May, 1926, and referred back to the Committee on Ethical Standards for further study and final report at the Biennial in 1928.

In common with the other professions, nursing faces the necessity for crystalizing into language those ethical principles which shall be a guide to conduct commonly called a code of ethics. The

purpose of such a code is not to provide rules of conduct covering specific types of situations arising in the practice of a profession but rather to create a sensitiveness to ethical situations and to formulate general principles which, rooted in conviction and supported with enthusiasm, create the individual habit of forming conscious and critical judgment resulting in action in specific situations.

THIS suggested Code is under consideration by the American Nurses' Association. It is in no sense final. It is published in order that the Association may have the benefit of the suggestions or criticisms of all its members. Individual nurses and nursing organizations should make a thoughtful study of it during the coming year. Suggestions from other groups also, such as medical, hospital, public health, or social work are invited.

The American Nurses' Association, aware of the continuing growth and development of the profession and the necessity for constant adaptation to present social need, has accepted the responsibility imposed upon it by its position of leadership and has

formulated the following Code of Ethics. It proposes to subject the Code to the thoughtful scrutiny of its members at each Biennial meeting of the Association in order that it shall be supported as a dynamic force in the life of the profession.

The nurse is primarily a citizen. The fundamental basis of ethics is the same for every profession. The obligation of each individual is to serve society as well as possible by contributing that for which he is best fitted. The obligation of society is to see that the individual has opportunity to develop and to realize the fullest health and happiness possible without interfering with others. This statement is in harmony with the highest ideals of nursing as a profession of service. Nursing beyond peradventure meets a basic human need; the nurse who fails to safeguard her health except in occasional situations of extreme need or in war or other catastrophe becomes an economic liability. Economic independence is admittedly one of the first duties of every citizen, while the nurse who fails to find happiness in her work is not truly a nurse. Self realization and the most complete development of individual capacities are the ideals of present-day society for all of its members. There is no ground for expecting the nurse to be an exception to this rule nor its corollary that self-development can best be nurtured in the soil of economic self-respect. That woman can best fulfill her obligation to state and nation who has a decent margin of time and energy for recreation and with which to keep in touch with current events.

The use of the term "professional" implies exalted purpose, sound preparation and conformance to requirements imposed by the state which evidence such preparation. No worker is welcome to the ranks of nursing who does not put the ideal of service above that of remuneration. The nurse to be con-

sidered professional must be willing to subscribe to the purpose of licensure by registering in at least one state, and, if possible, in the state in which she practises. Professional growth and development are promoted by membership in professional organizations, both national, state and local, by attendance at meetings and conventions and by constant reading on professional subjects. Yet further growth may be assured by attendance on institutes and postgraduate courses.

The nurse as a professional worker is a public servant and has many-sided relationships.

The Relation of the Nurse to the Patient

THE nurse should bring to the care of the patient all of the knowledge, skill and devotion which she may possess. To do this, she must appreciate the relationship of the patient to his family and to his community. Therefore the nurse must broaden her thoughtful consideration of the patient so that it will include his whole family and his friends, for only in surroundings harmonious and peaceful for the patient can the nurse give her utmost of skill, devotion and knowledge, which shall include the safeguarding of the health of those about the patient and the protection of property.

The Relation of the Nurse to the Medical Profession

THE term "medicine" should be understood to refer to *scientific* medicine and the desirable relationship between the two should be one of mutual respect. The nurse should be fully informed on the provisions of the medical practice act of her own state in order that she may not unconsciously support quackery and actual infringements of the law. The key to the situation lies in the mutuality of aim of medicine and nursing; the aims, to cure and prevent disease and promote positive health, are

identical, the technics of the two are different and neither profession can secure complete results without the other. The nurse should respect the physician as the person legally and professionally responsible for the medical and surgical treatment of the sick. She should endeavor to give such intelligent and skilled nursing service that she will be looked upon as a co-worker of the doctor in the whole field of health.

Under no circumstances, except in emergency, is the nurse justified in instituting treatment.

The Relation of the Nurse to the Allied Professions

THE health of the public has come to demand many services other than nursing. Without the closest interrelation of workers and appreciation of the ethical standards of all groups and a clear understanding of the limitations of her own group, the best results in building positive health in the community cannot be obtained.

Relation of Nurse to Nurse

THE "Golden Rule" embodies all that could be written in many pages on the relation of nurse to nurse.

This should be one of fine loyalty, of appreciation for work conscientiously done, and of respect for positions of authority. On the other hand, loyalty to the motive which inspires nursing should make the nurse fearless to bring to light any serious violation of the ideals herein expressed; the larger loyalty is that to the community, for loyalty to an ideal is higher than any personal loyalty.

Relation of the Nurse to Her Profession

THE nurse has a definite responsibility to her profession as a whole. The contribution of individual service is not enough. She should, in addition, give a reasonable portion of her time to the furtherance of such advancements of the profession as are only possible through action of the group as a whole. This involves attendance at meetings and the acquisition of information at least sufficient for intelligent participation in such matters as organization and legislation.

The supreme responsibility of the nurse in relation to her profession is to keep alight that spiritual flame which has illumined the work of the great nurses of all time.

The Nurse as a Teacher of Positive Health¹

BY ANNIE W. GOODRICH, R.N.

TO intelligently trace the growth, development and expansion of the nursing profession from an emotional expression of love, self abnegation or service to a highly organized and scientifically directed social unit permeating the social structure and influencing, directly and indirectly, human life, one will inevitably follow step by step the growth and development of the now world-wide health movement. It-

self, by virtue of its constructive and creative implication, potentialities, even results, the healthiest social expression of an age that through man's acquisition of the scientific method of invention, offers gigantic possibilities for good or evil. The very term "health foundation" suggests the research magnificent—the search and research for those means and methods whereby the most perfectly constructed and effectively coordinated organism, individual or social, can be produced.

A brief consideration of that genus of

¹Read at the meeting of the Women's Foundation for Health, American Health Congress, May, 1926.

the health movement designated as the nurse, presents her as an extraordinary means for intimate, first-hand, often prolonged, observation of the human organism from birth to adolescence. For while applying the means tested or in the process of being tested that give promise of the desired ends, her opportunity for accurate observation is furthered by her so clearly defined place in any given sickness or health situation into which she may be projected as to most rapidly re-establish the daily routine, habits, etc., of the particular individual or group of individuals by whom she is surrounded. Again, as a demonstrator she is likely to command enduring results through the often acutely sharpened observation to which the time and type of her service subject her. And finally, with the very large and ever increasing demands made for her service by the mother and child, the opportunity of the nurse as a teacher of health is established and need not be argued.

Her preparation to so function may well be questioned while the means whereby the highest type of such service shall be assured can hardly be said to be in any measure determined and should be persistently sought and as rapidly as the program can be developed, it should be put into effect. In effect, the question is how far has the education of the nurse already carried her, and how far can it carry her over the road which is forcing the educator to study the earliest processes of the child mind, revealing to the scientist the chemical properties of life and resulting in the emphasis of both, in the case of the educator on the early years, even months; and in the case of the scientist at the first evidence of life, as of the most profound importance in the study and direction of the child, to the end that as a psycho-physical entity or organism this individual may measure up to its highest physical and mental possibilities through the life span; while

marshalled to effect this result is the ever increasing body of knowledge concerning nutrition, mental measurements, habit observation and formation, physical examination and development—each item in itself of profound importance and each inextricably bound up in the function of the organism as a whole.

The perplexing question of educational content, therefore, presents itself. How much of the now vast body of scientific knowledge bearing upon disease and health, and how much of educational method shall we demand for this health exponent, whose opportunity arises through, is indeed dependent primarily upon, her effective practice of curative nursing. Let me say at once that I do not propose in the brief time allotted to this paper to be led into the bewildering problem of required subject matter or consideration of time and range of experience, but rather shall I drive directly at what seem to me to be the fundamental aspects of the problem.

Creative Opportunities

FIRST, the awakening of the women students in the institutions of higher education to the creative opportunities of the field of nursing. There is no more discouraging fact in the field of nursing than the large number who are functioning in a field of such constructive and creative possibilities of limited educational preparation, and the small number of the now large number of scientifically prepared women who are attracted to the field.

Secondly, the awakening of society to the importance of the early influences in the child life. It is incredible that an intelligent society should today be satisfied to leave its child life to the direction, as is now frequently the case, of the chronologically and mentally immature. There is a very evident awakening to this fact in the field of education. It should have been preceded by an

awakening in the field of medicine, but since this did not occur, it should at least be closely followed by it. To relegate the care of the sick to those who fall out of the educational system in the first years of secondary work because of inability to attain, or lack of interest in, the very beginnings of knowledge, with the avowed purpose of qualifying them for service of a most difficult and demanding nature, and without restrictions as to the field of practice, seems incredible. To expect students so qualified to acquire such knowledge as is available under the stress and strain of hours equal to or exceeding those of full-time workers, applied to the most exacting and serious type of life activity and without, in the main, during these hours of vital experience, supervision, instruction or interpretation; to emphasize the importance of mechanical procedures and minimize the importance of scientific principles and methods—and this is unfortunately not an exaggerated presentation of existing facts—is to immeasurably curtail, if not to altogether destroy, the use of the great body of nurses as exponents of the doctrine of health.

Never in the history of mankind have been available such opportunities for the cure and prevention of disease; never before have been presented such constructive and elaborate programs for the cultivation of child life on a higher plane of physical, mental and even spiritual health. If but a small proportion of the now accepted means could find hourly, even daily, application through skilled workers, changes as marvelous as those occurring in other fields of science might be predicated and within—so those who should know, state—a generation or so.

Read and re-read should be the messages from the child psychologists, the mental hygienists, the sociologist, even the political economist and dramatist might be included. But as important as

the reading of the messages—no, more—is the putting the shoulder to the wheel in order that an immediate first-hand application of theory and practice may be effected.

To depend for the care of the sick upon merely skilled hands is, infinitely less reprehensible than to subject the child in the early and formative years of life to any but the most highly intelligent teacher and guide.

Importance of Case Study

It will undoubtedly be asked how the content required for the curative function of the nurse can be acquired and at the same time the content required for her function as health teacher. A recent first-hand opportunity of observing the amount of knowledge that may be acquired by students with even a limited educational foundation given but a few hours weekly for case study leaves me in no doubt as to the, compared to the present content of education, large body of intelligent information that the student possessed with an average mentality could acquire during a professional preparation of three years.

I am further of the opinion that this type of education would bear better fruit than might reasonably be expected. But given a preparation in any way worthy of the term "scientific," and I have no question as to the almost phenomenal results which might be obtained by the nursing profession.

The unapplied findings of science to the betterment of human life is a tragedy. The failure to use an agent so easily applied to this purpose is a greater one. The struggle between Capital and Labor for more equitable distribution of wealth is only less tragic than the separation between learning and its application for the production of the type of human being that finds in its own creation happiness, and through whom

happiness is created. This and all other attributes we would mutually agree as desirable—intelligence, knowledge, love of beauty, courage, virility, etc.—root down into health.

As we consider the implications and potentialities of the project or, to speak in practical terms, as we consider the relation of the nurse to the mother, of the mother to the child, perhaps yet unborn, of the nurse to the child, of the nurse to the ever increasing and more varied groups of workers in the field of child culture, our imagination pictures an unbroken chain from the innermost recesses of the laboratories to every cradle in every home, and my title, "The Nurse as Teacher of Positive Health," becomes a stereotype of Victorian concepts of education, and fades into the background, for we seem to see, under the scientific direction of these child culturists, the emergence, unfolding and expansion of rare and exquisite crea-

tions, for whose conservation and development a program has been evolved, which justifies their arrival; extends them a welcome, and assures them a reasonably happy existence while here.

Whatever qualifications the nurse of the future may present as entitling her to work in the field of creative health, the nurse of today, through her universal usage alone, is an important link in the chain, and unceasing effort should be put forth to overcome the inhibiting aspects of present-day nursing education, that I have implied as widely existent, and to further a program of nursing education that will insure her effective functioning to creative ends. The first steps to these ends, let it not be forgotten in this age of abounding physical and mental defects, are the curative processes and the preventive measures. Another and final reason for a program of nursing education that will insure the creative evolution of the nurse.



Mental Health for the Adolescent

DOROTHY, thirteen years old, was sent to a Mental Health Clinic because she had a "peculiar disposition" and seemed "so different from other children." She was seclusive and far too quiet, would sit for long periods reading or day-dreaming, and would rather help with the housework than play with other children. Furthermore, during the past year or so she had stolen small things and twice had run away from home. Several years previous Dorothy's mother had deserted, and Dorothy was now living with her father and his sister.

The mental health clinic won her confidence so completely that she divulged her day-dreams. These visions of her future and her explanation of her past behavior showed that she was suffering from a strong feeling of inferiority, a belief that her mother had never loved her, and that no one understood her. She craved affection and approval. She pictured a future as a nurse, being of great service to others, and receiving their appreciation. She also had dreamed of a home of her own. Because the world seemed so un-

kind she was living more and more in her land of dreams and gradually losing touch with the real world about her.

It was also learned at the clinic that she had a physical disability much discussed at home so that Dorothy felt she was obnoxious to others. Arrangements were made by the visiting nurse for the necessary minor operation. The clinic then began treatment by changing her attitude toward her mother, convincing her that her father and "auntie" loved her, restoring her self-confidence, and teaching her how to live in order to develop into a dependable sort of person.

Within a week a change was noticeable. Now, several months later, there has been no more stealing or running away, she is getting along better in school, plays happily with other girls of her own age, and, though still fond of reading, has given up her excessive day-dreaming. The Mental Health Clinic was consulted in time to save her from an eventual mental collapse.

—Bulletin, Connecticut State Department of Health.

Ether Oil Colonic Anesthesia¹

Some Recent Experiences

BY ROBERT H. IVY, M.D., AND HILDA MELCHING, R.N.

THE difficulty of satisfactorily maintaining a smooth state of anesthesia for prolonged operations about the face and mouth have led to the development of various special methods of administration. To be satisfactory in these cases the mode of administration of the anesthetic must permit

(1) a continuous flow of the anesthetic without interruption of the operation; (2) non-interference with the operation by the anesthesia apparatus; (3) the maintenance of a sterile field of operation.

In these three respects very great improvement over the open drop method on gauze is achieved by the intra-oral, intra-pharyngeal, and intra-tracheal ether vapor methods. Until quite recently we have been content to employ the intra-oral or intra-pharyngeal vapor for all major operations about the face, neck, and mouth. However, for operations within the mouth it has been sometimes difficult to maintain smooth anesthesia in either of these ways on account of the large admixture of air with the anesthetic, and in operations about the external nose the apparatus has been more or less in the way. Observation of the uniform success of ether-oil colonic administration by Dr. Gwathmey at the New York Skin and Cancer Hospital, for operations performed about the face and neck by Dr. George Semken, has led us in the past year to give this method a thorough trial at the Polyclinic Hospital in Philadelphia. Despite the favorable reports by several recent writers, Lathrop (1), Balsamo (2), Boyd (3), Dolshansky (4), Meyer and Robbins (5), this method of anesthesia does not appear to have attracted the attention it

deserves from operators working largely in this part of the body.

Pirogoff (6) in 1847 was the first to attempt the induction of anesthesia by passing ether into the rectum. He vaporized the ether by heat and administered the vapor through a rectal tube. He reported 81 cases with two deaths. Since that time, various sporadic attempts have been made to employ rectal anesthesia, either by using liquid ether or by employing air as a vehicle (7), but it was not until 1913 that Gwathmey (8) put the method on a practical basis by using a mixture of ether and olive oil. The first successful public demonstration was made at the People's Hospital, New York, on September 27, 1913.

The mixture consists of a 65 per cent solution of ether in olive oil, and one ounce of this mixture is used for every twenty pounds of body weight. This amount should never be exceeded (9). For the average individual, five ounces of ether and two and one-half ounces of olive oil are employed. For patients under six years of age, a 50 per cent solution should be employed, using a little over an ounce of the mixture for every twenty pounds of body weight.

Technic

Preliminary Preparation.—The success of the anesthetic depends greatly upon the care with which this has been carried out.

(1) A laxative is given the evening before the operation. (2) Early in the morning of the operation, enemata are given until the fluid comes away clear. (3) One half hour before the administration is to begin, a hypodermic of one quarter grain of morphine, and a suppository of ten grains of chlorotone are given.

The Anesthetic.—The solution, consisting of olive oil, two and one-half

¹Read before the Philadelphia Academy of Surgery, May 3, 1926.

ounces; ether, five ounces; and paraldehyde, two drams, is thoroughly mixed by shaking in a bottle for one minute. The patient lies in a quiet room on the left side to receive the mixture, which is given through a rectal tube by means of a funnel. The rectal tube is inserted about four inches as for a low enema, and the fluid given at the rate of about an ounce per minute. After all of the mixture has been introduced, the tube is left in situ and the end clamped with a hemostatic forceps. Complete anesthesia requires from twenty to forty minutes.

After Treatment.—At the conclusion of the operation, the clamp is taken off the tube, the remaining fluid allowed to escape, and the tube withdrawn. The rectum is then given several flushings with plain water, and four ounces of olive oil are then instilled and allowed to remain.

Gwathmey states that the chief danger to be watched for during anesthesia is respiratory arrest due to overdosage. This calls for withdrawal of the solution from the bowel, artificial respiration, and CO₂ inhalation. The method should never be employed in diseased conditions of the bowel such as colitis, hemorrhoids, ulcer, and fistula in ano.

While our series of twenty-eight cases in the past year is small, yet it is sufficient to establish the method in our minds as the one of choice for all prolonged operations in this field. The operations in the series were:

Different stages of Indian Rhinoplasty, 7; costal cartilage transplant to nose, 5; miscellaneous plastics of nose, 3; cleft palate, 2; cyst of mandible, 2; skin graft of mouth, 2; hare lip, 1; resection of mandible, 2; osteotomy of mandible for ankylosis, 1; reconstruction of ear, 1; radical maxillary sinusitis, 1; impacted teeth, 1.

The length of operations ranged from 30 minutes to one hour and thirty-five minutes. Much longer operations could

have been performed in most of the patients. The ages of the patients ranged from 18 to 57 years. Eleven were males and seventeen females. Two of the patients had three colonic anesthesias each. Four patients had two each. The average time required for induction was twenty-eight minutes.

It was first decided to use colonic ether for a very difficult patient, a woman aged 45 years, who had had seven inhalation etherizations, all of them induced with nitrous oxide oxygen. The anesthesias were stormy and very unsatisfactory, as the operator was forced to stop several times during each operation for more ether to be given. The first colonic ether was satisfactory in this case—transplantation of costal cartilage to the nose—in the following respects: No coughing, absence of mucous, almost total absence of nausea during induction, a smoother anesthetic, and it was not necessary to interrupt the operation for the administration of more ether.

Of the twenty-eight cases, sixteen were entirely satisfactory in every respect. Three were quite satisfactory after the addition of a few drops of open inhalation ether. Nine required the inhalation of a considerable amount of ether by the open drop method to produce relaxation and the anesthesias were more or less uneven. Of this last group, two can be explained by the fact that they did not receive the proper preliminary cleansing enemas, two were highly nervous and excited, one was an alcoholic. This last man, after one hour of waiting, still talked and moved his entire body. Gas oxygen followed by six ounces of open drop ether, relaxed him somewhat, and the operation proceeded, but it was necessary to interrupt the operator twice to give the patient more ether.

Most of the patients had less post-operative nausea than after other

methods. One patient on two occasions complained of nausea for twenty-four hours after the operation. Four patients complained of postoperative soreness in the rectum, which disappeared after a few days.

Conclusions.—For prolonged operations about the face and mouth, ether oil colonic anesthesia has the following advantages over all other methods: Induction less disagreeable, less coughing and mucous in the throat, less nausea, smoother anesthesia, no interference by apparatus, easier maintenance of sterile field, probably less shock, less danger of pulmonary complications, less disagreeable after-effects.

It has the disadvantages of requiring more preliminary preparation, longer time for induction, and more after-care.

These disadvantages are greatly outweighed by the advantages.

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Nursing Procedure in Eye and Ear Diseases

BY ABBY-H. DENISON, R.N.

(Continued from July Journal)

MANY serious eye conditions may be detected by a nurse who has had special training. An intelligent understanding of certain eye diseases and of the channels of infection, will prevent further infection of the patient and protect other members of the family. The nurse should be familiar with the eye diseases reportable to the Board of Health and should put the patient on precautions, if there is any question of an infectious disease, until a diagnosis has been made.

Since the law in most states requires prophylactic treatment of the eyes of the newborn, ophthalmia neonatorum has markedly decreased. At one time, before the introduction of prophylaxis, according to Fuch, ophthalmia neonatorum caused more than one-tenth of all cases of blindness. At present, with Crede's prophylaxis in use, the percent-

age has decreased to 0.1 to 0.2 per cent.

The prognosis of these cases depends almost entirely upon good nursing care. Cleanliness and thoroughness are the most important factors in treating them. The treatments are ordered frequently—hourly, two hourly, or oftener, as pus forms under the lids within a few minutes. The upper and lower cul de sacs must be absolutely flushed out clean at each treatment. Pus allowed to accumulate causes extreme irritation which might scratch the cornea and result in a corneal scar.

Wrap the baby securely in a blanket, with the arms at the sides; place it on the side of the unaffected eye. The bridge of the nose may be built up, in severe cases, with cotton painted with collodion, which will prevent the secretion from running across the nose to the well eye. When both eyes are affected,

as is usually the case, the baby may lie on either side.

Each baby should have a complete bedside equipment and the nurse should protect herself by wearing a gown and glass spectacles. As the lids may be tense with pressure from the pus enclosed, very often when they are opened the pus will spurt out and, unless the nurse were protected by glasses, serious results might follow. Care of the nurse's hands after each treatment is also important. They should be scrubbed well with soap and water.

Trachoma as well as ophthalmia neonatorum is a reportable disease. It is highly contagious and unless discovered and treated early, will infect entire families. During the acute stage of lacrimation, it is particularly contagious and may be transmitted by linen, handkerchiefs, bed clothing, etc.

Aural Treatments

EAR treatments seem less difficult to do than eye treatments, but unless great care is exercised, much discomfort and even harm may result from improper technic. The direction of the external auditory canal varies; for example, in adults, in order to thoroughly dry wipe or irrigate an ear, the direction of the canal must be straight, hence we grasp the auricle at about the center and direct it backward and upward. With children, direct the auricle downward and backward.

To dry wipe an ear, try the toothpick swab on the back of the hand before introducing it into the canal since in sterilizing the cotton may have become loosened with resulting danger of perforating the drum by the sharp point of the pick. Insert the swab into the canal for one-half to three-quarters of an inch, then gently rotate it until all sides of the canal are free from pus.

When canal drops are ordered, always warm the solution, as cold drops against

an acutely inflamed ear drum cause extreme discomfort to the patient. Place the patient flat on his back with the head tilted on one side, then gently put in 3 or 4 drops. The head should remain in this position for at least five minutes or until the drops have taken effect.

Normal saline, 110 deg. Fahr., is the usual solution used for ear irrigations. The irrigating stand and can with rubber tubing should be taken to the bedside complete. Protect the patient around the neck with a towel and rubber cape. Carefully dry wipe the ear to prevent the pus from being washed back further into the canal, then follow with the irrigation. An irrigating tip, which consists of the glass part of a medicine dropper, with two inches of small rubber tubing on the smallest end, is used. Allow the air to escape from the tube. Then direct the stream into the canal towards the superior wall. Always control the flow with the thumb and index finger on the rubber tubing. Continue the irrigation until the return flow is clear; then completely dry wipe the ear again.

While it has been impossible to include many details in the space allotted, I have endeavored to give a clear idea of the value of a thorough knowledge of this specialized work. It would seem essential that every nurse graduating from an accredited training school should have had experience in caring for eye and ear patients.



Truth

I MYSELF have now for a long time ceased to look for anything more beautiful in this world, or more interesting, than the truth; or at least than the effort one is able to make toward the truth.

—Maeterlinck—The Life of the Bee, Page 5.

In a Public Health Nursing Office

A Day in the East Harlem Nursing and Health Demonstration as Recorded by a Member of the Clerical Staff

BY MOLLIE PESIKOFF



THE "MOTHER AND CHILD" CLASS. THIS WAS A GRADUATING DAY FOR THE MOTHERS. THE LITTLE GIRL WITH THE ELABORATE COSTUME HAS BEEN ENTERTAINING THE GROUP. SHE EXPECTS SOMETIME TO DANCE ON THE METROPOLITAN STAGE

I ARRIVED at the Demonstration just a little bit breathless, thinking that I was late, but with a sigh of relief I noticed that it was still a good bit to nine and my watch was fast, so that started the day off rather well. I had hardly settled at my desk when I had to get up to receive a delegation from one of the neighboring schools, headed by a bright little red-headed youngster, who wanted me to pull some teeth. After much talking I convinced them that I wasn't a dentist, that I had not pulled out their friend's tooth, and

that I could do nothing for them but direct them to a near-by dental clinic where they would receive care and where a real dentist would do the pulling if it were necessary.

At last the young army was out, and I settled down to type some lesson plans that were on my desk. When my ship comes in, I'm going to have all the nurses in the Demonstration given lessons in penmanship, free, then maybe the poor typists will not have such irritable dispositions.

Just then the telephone rang, "Would

one of our nurses please come around to see a sick child?" "Of course she would, she'd be very glad to come just as soon as she got back from the district." Back to my Chinese puzzle—my lesson plans. A peremptory knock at the door, the kind that says, "Open! in the name of the Law!" Fearful of what might be on the other side, I quickly opened it. There was nothing more terrifying than little Tony, who would like to know how his sister in the hospital felt, and would I please call up and find out? Sure I would, and that settled, I was left to another moment's peace.

Pretty soon, I could feel a pair of eyes just boring into my shoulders. I turned around,—there was Carmella C, she just had to see Miss Brown to tell her about her little brother Jimmie. I found Miss Brown for her and made Carmella happy.

Oh me! It is time to call Dr. Rowe at City Hospital for some T and A appointments. There was only one child, so far, we were sure was going to the hospital that afternoon, but two others might come in. I got up enough courage to ask for three appointments. He gave them to me after a little hemming and hawing, and telling me that he was terribly rushed for T and A's that week, and admonishing us not to break any appointments. I promised him faithfully that they would be kept, mentally resolving to go down myself, and drag my friends along with me for T and A's if any of those appointments had to be broken. I put the telephone down, and turned around just in time to have a dirty arm stuck right in my face, "Look, look, I cut it!" Sure enough, a cut it was, an ugly red gash right across the wrist. It looked as if it really needed medical attention right away, and the owner of the cut wrist was sent on to the emergency ward at Beth David.

A series of telephone calls to the different hospitals to find out how our patients

were. They were all getting along nicely; good, glad to hear that! A little girl came in to report that her sister was very sick, high temperature, no doctor, mother would send her to the hospital if the nurse thought it necessary. Well, that is not so good. A nurse would go in and see the child, and advise the mother.

The door had hardly shut when in bounced the blackest, sweetest little pickaninny that one could ever wish to see. His mother was going to Porto Rico, and she had brought him in to say "Good bye" to the nurses. After rumpling his wool a little bit, and giving him a pencil and some paper to write letters with to the nurses, he departed and I was left again to my typing.

Finally 1 o'clock came around, and I went up stairs for some lunch, which I felt I could do all justice to. I had finished eating, and was basking in our glorious third floor sunshine, when Miss Conway came looking for me. "Oh Miss P!" I almost got heart failure, I thought I was doomed for a T and A right there and then! But no indeed! It was quite the opposite. Could I please cajole Dr. Rowe into giving us one more appointment? We had one school girl who had come in unexpectedly. Well, all I could do was try. Dr. Rowe couldn't do any more than growl, and what is one growl, more or less, when it's all for a good cause? After a frantic attempt to get him at the hospital, then at the clinic, and an interminable wait until he was finally located, I heard his "Y-e-s?" "Could we have just one more appointment for a school girl?" No, he was terribly sorry, all his beds were filled up, he had new internes and more patients than they could take care of now, etc., and he could not take her. I explained to him that it was a school girl who needed the tonsillectomy very badly, and since this was vacation week it was the only time she would have for it. I think I almost made him feel that it was a



DEMONSTRATION OF A TABLE SET FOR THE MORNING MEAL. THE "CHILD'S DAY" IS PICTURED IN THE WALL POSTERS

matter of life and death and he would have the girl on his conscience for the rest of his life if he didn't consent, so finally another growl, and then, "All right, send her along." So that was that, until next time.

The afternoon was quite unexciting. Nothing but the usual mothers who wandered in for various reasons on their way up to Cradle Class, and the children who came in for dental care, sandwiched in between some typing and a few workers from the Charity Organization Society, who came in to see Miss Brown about some of her proteges. Another series of telephone messages for all the different nurses who happened to be out at the time, and a special message for Miss May from one of her district favorites delivered by the little Delamonica girl, asking if Miss May could come and show her mother how to make the milk for the new baby that her mother had

just brought home from the hospital. And so on until five o'clock.

Thus passed a rather uneventful Tuesday. For there were no children for convalescent care, with the last minute confusion of head inspection, and going over the packages to see that the regulation clothes are taken along, and no contraband cookies and candy are packed in by fond mamma who feels kind of sorry for poor, dear Pasqualina, who will have only three wholesome meals a day, and will perhaps not get such lovely red lollipops, or vicious looking pink rabbits between meals! Nor were there any visitors who just happened to pass the Demonstration about five minutes before five, and have only five or ten minutes to spare, and "Would we please tell them all about the Demonstration and what work we were doing here, in not more than 10 minutes? It must be so interesting!"

A Standard for Administration of Glucose Solution

By DELIA H. NEWTON, R.N.

THE standard herewith shown can be made in any hospital workshop and is so simple that it is self-explanatory.

The entire apparatus, as pictured, with the exception of the sponges and needles, is done up in a sheet and auto-claved. It is wrapped in such a way that when it is placed on the table and the pins are removed, the sides of the sheet drop down over the table and give a sterile surface on which to work. The sterile needles and necessary sponges are then placed on the table with lifter forceps. An electric pad is placed on the edge of the bed under the tubing to keep the solution warm.

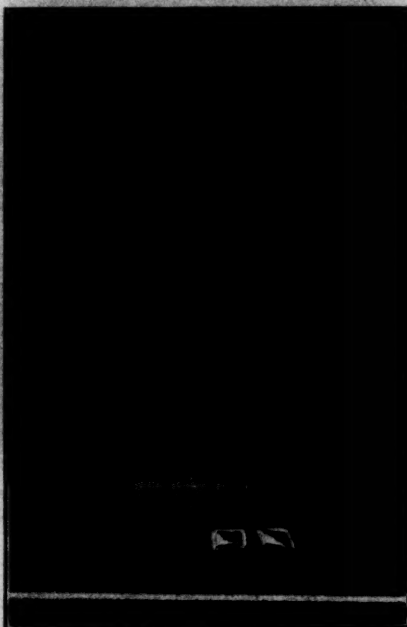


Care of the Dead Body

THE New England Hospital Association, in studying ways and means of securing autopsies, appointed a committee to work in coöperation with a committee of the Massachusetts Funeral Directors' Association. It is to be noted that the following points in the Care of the Dead Body which are taken from the report are in harmony with the teachings of the newer text-books of nursing.

Wash body thoroughly, elevate the head and shoulders higher than the rest of the body and fold the hands over the chest. This position should be maintained at all times both in the ward and mortuary and it is very important that the body be placed in this position immediately after death, the object being so that the blood will drain from the exposed parts.

Close eyes naturally, but do not use cotton under the lids. Close mouth by means of a roll of cotton or other soft material placed under the chin. Do not use cotton in the



mouth and do not tie the mouth closed with a bandage around the head. Do not use bandage around the wrists to hold the hands together.

The body should be moved as little as possible after death, and while washing or otherwise never allowed to be placed face down. If a sheet is placed around the body, it should be very loose about the face so that the nose and ears will be left in a natural position. Compliance with these suggestions is of the greatest importance in every case whether or not an autopsy is to be performed.



A. N. A. Proceedings

THE Proceedings of the Twenty-fifth Convention of the American Nurses' Association may be obtained from Headquarters, 370 Seventh Avenue, New York, at the price of 25 cents.

The Nightingale Club

An Organization of Graduate Special Nurses at St. Mary's Hospital, Rochester, Minnesota

By JANE M. CHRISTENSEN, R.N., AND BERTHA FINSLEY, R.N.

THE Nightingale Club, organized in 1921, is composed of graduate special nurses from many schools, fifty-six, including St. Mary's. They come from the United States, Canada, Norway, Denmark, Sweden and Switzerland. The majority are from Canadian schools of nursing, but among the one hundred thirty-five special nurses there are representatives from sixteen states.

The initial purpose in forming this club was to bring the large staff of nurses together socially that members might become well acquainted and thus better cooperate in their work, and so give better service to their patients. It was also their desire to remember nurses during illness, by doing whatever they could to make their time off duty as cheerful as possible.

They decided to meet monthly and pay the small fee of twenty-five cents at every meeting. Each year they elect a president, vice-president, secretary and treasurer, as officers, in order to conduct their affairs in a systematic and businesslike manner. Besides business, the Program Committee plans some interesting form of entertainment for each meeting; sometimes it is a little program of music from the members; sometimes a card party; and again just refreshments, which never seem to fail in arousing interest.

After the first few meetings were held, it was found that the club could be of great benefit aside from its social purpose. The Supervisor of Nursing Procedures, Sister Elzear, took an active interest in it and contributed many helpful suggestions. The members, therefore, began to discuss professional prob-

lems at each meeting. Since the Supervisor is present, she understands as well as they do how the majority feel toward any difficulties and questions, and this leads to satisfaction in her decisions or explanations. In the same manner she brings before them any criticisms of their work, either constructive or adverse. Any complaints, or doubts, concerning routine rules are emphasized that all may understand. Since professional discussions have become an important factor in the meetings, the presence of every graduate has been made compulsory. As they enter the auditorium, they sign their names in a notebook reserved for that purpose. This full attendance is to avoid any oversights due to misinterpretations or lack of information in regard to any given subject.

Aside from the fund accumulated from the regular club dues,—teas, bazaars, etc., have been given to raise extra money for necessary expenditures. Every year as commencement time draws near, they plan some social function to welcome the new graduates. On some occasions this has taken the form of a dancing party, a delightful afternoon tea, a picnic or a theater party. This makes a splendid opportunity to form the acquaintance of those who are joining the staff and establishes a genial welcome to all. Parties are held during the year for the graduate staff. The club establishes a close bond of association between the members. The alumnae Association of St. Mary's is connected in no way with the Nightingale Club. It has its own organization and holds separate meetings but there is no conflict between the two.

Care of Mattresses and Pillows

By JENNIE A. MANLY, R.N.

TO remove the "humps and hollows" made in either cotton or felt mattresses by continuous use, try the following treatment which has proved most satisfactory in the Homestead Hospital, Homestead, Pennsylvania.

1. Brush and sun the mattress.

2. Put it in the regular tumbler-dryer in the laundry.

3. Turn on the full force of the heat for from three-quarters of an hour to one hour.

The same treatment may be used with profit for pillows. Like the mattresses, they can be restored to smoothness.



Health Work in Austria

Training Scholarships

ONE of the peculiarities of the Austrian system of health work from an American point of view lies in the lack of trained public health nurses, as known in the United States. Instead there is the generalized worker known as a *fuersorgerin* who carries on both health and social work and receives some training along both lines. Therefore no public health nursing staff has been employed for the various local activities. Instead, the existing staffs of *fuersorgerinnen* found in almost every locality are being used for all home visits and for service within the clinics, with arrangements for special supervision of the health side of their work by a few workers specially trained in public health nursing. Under these circumstances the importance of securing more thorough training on the health side, especially for *fuersorgerinnen* engaged in health activities, has become increasingly apparent. Therefore the Fund has more than doubled the provision for training scholarships and during the year ending September 30 has granted a total of sixty-four. Of these, twenty-two were to undergraduate *fuersorgerinnen* for courses of one to two years' duration, and eleven to graduate *fuersorgerinnen*

for supplementary training, from short periods up to a full year.

In addition, scholarships have been granted to four physicians in various fields of work. Three leaders of the teaching profession in Austria have received scholarships for a year's study of health education in the United States. It is hoped that through the efforts of these three educational leaders health education not only may be included in the schools of Graz and Salzburg but may permeate the educational system of Austria. In addition to the above, small scholarships have been granted to a considerable number of midwives in connection with the special supplementary activities described below.

It is believed that these scholarship provisions form one of the most valuable features of the Austrian program. Only through the increased number of trained workers, particularly those who are leaders in the various communities, can the continuance of sound methods of public health work be assured. (Alma E. Haupt, R.N., of Minnesota is assistant director of the Commonwealth Work in Austria—Ed.)

—Annual Report of The Commonwealth Fund, 1925.

The Newer Developments in Adult Education

Excerpts from the Address Given at the Joint Session of the Three Nursing Organizations at Atlantic City

By JOSEPH K. HART, PH.D.

THE trend today towards the development of adult education seems to indicate that an increasing number of people in America—not only in America, but in many nations around the world—have definitely begun to believe that education is not a mere hurdle to be jumped over more or less effectively and gracefully in childhood, but that it has something to do with the content of life in the later and serious years of living. Millions of people in America and elsewhere are turning their attention toward an education for themselves. They intend, in spite of the handicaps of childhood and youth, still to get something intellectual and something significant out of life.

The almost unique desire of adult people today, to have a larger share in the intellectual life of our times, is leading to some of the most pretentious frauds the world has ever known.

Short-cuts to educational Utopias are advertised everywhere and millions are taking advantage of these advertisements. Millions of people are paying out money in the hope that they will be able to get, for the mere matter of a few dollars and the expenditure of enough time to write an occasional letter, something that will give them the sense of having had an education; an education in ten easy lessons, offered for one hundred dollars by some fly-by-night university, or some correspondence school advertising courses in every sort of conceivable subject from how to lay bricks effectively to such ethereal things as how to grow a soul.

There are no royal roads to learning

today any more than there ever were. Today, just as in all times, the one who is doing any learning must still do that learning. The processes of that learning must go on inside the mind and the experience of the person who is undertaking it, and not all the mail order houses or broadcasting stations in the world can alter that fact; though these things properly used can *probably* help along the process.

There are innumerable honest teachers in the world who are eagerly engaged in trying to work out plans for more adequate education for those who are past the ordinary school years. There are millions of honest students, some of them deluded perhaps by glaring advertisements, but honest none the less, who, having become freed from the glamors of childhood and the feeling that when they graduated they were educated, have begun to prepare to meet their serious adult responsibilities, and are doing their best to make themselves fit for the world within which they have to live.

On the basis of fundamental psychological experiments, there is no reason why anyone should ever give up learning. It is true that the younger person can learn more rapidly than the older person, but it is also true that the older person knows more about what he has learned after he learns it, so if there is any advantage from being young or old from the standpoint of learning, I am constrained to believe that the advantage is with the older person.

We are coming to see that no one ever ought to graduate from education. It

is perfectly legitimate to graduate from a nursing school, or a law school, or any other kind of vocational school; but I do not think it will ever be held quite legitimate again for anyone to graduate from education.

When organizations like the American Federation of Labor, the International Ladies' Garment Workers' Union, and the Amalgamated Clothing Workers of America are able to develop adult education programs, the rest of us, holding our share in the intellectual life of the world perhaps a little more securely than these workers have ever been able to do, should also have programs. I think the type of intellectual interest spreading through the working world will sooner or later enfold all professional workers and enable us, if we have not the courage on our own part, to move along with the general drift of the times towards a more effective intellectual life.

In America, in the current year, there has been organized under eminently good auspices the American Association for Adult Education financed by the Carnegie Corporation. Those of you who are interested in local movements of this sort will do well, I think, to write to this American Association for Adult Education, in care of the Carnegie Corporation, 522 Fifth Avenue, New York City. Other movements are:

1. The Cleveland Conference for Educational Cooperation.
2. Plans being developed by the California State Department of Education and the University of California.
3. Institute of Educational Research, Columbia University, New York City.
4. Institute of Educational Research, Stanford University, Palo Alto, California.
5. The Inquiry, 129 E. 52nd St., New York City, an organization from which advice can be obtained on the development of good edu-

cational work in connection with vocational interests.

Finally I want to present another phase of these programs. This has been described in the *Survey Graphic* for April 1, and other articles of the same kind will appear in later issues. I refer to that education which has been growing in one of the smaller countries in Europe for a number of years, Denmark.

In the course of seventy-five years the Danes have been successful in securing the interest of their young people, until at the present time the whole Danish village and countryside life—the life of the cities has not so completely been touched—has become quite thoroughly committed to a belief in science, to the technic of intelligence, to the continuous development of the intellectual life. When their young people finish the schools in which this type of education is found, instead of selling their books to get money to go home on, as most of our American students do, they use what little money they may have left to buy books to take home with them, because they are going to spend a part of all the rest of their lives culturing their intelligence in the same way that they culture their fields.

I should like to suggest to you in your relationships to the life about you and in your vocation, the possibility of insinuating here and there this concept of a life. This concept of a life organized in terms of the technic of modern science may be a very real part of your contribution to the development of this great adult education program for the life of the world today.

Your interests are scientific interests in the broadest, richest, finest sense of the word, using the word "scientific" here as ministering to humanity, ministering to the bodies of humanity; not

merely to the traditional mind, content to remain inert on the basis of old accomplishments, but to the finer scientific mind of the future of humanity.

This mind of the world, or of the community, to which you thus minister, and thus broaden, will eventually be able to appreciate, as not now, the enormous services you are rendering in our common life. Thus you will not only be

adding a bit to your own education, but you will be making it possible for your vocation to have a more substantial place in the community, a more fundamental, intellectual, as well as financial support; and you will be helping to bring about that more intelligent civilization which at various times in our history, even if not right now, has been the hope of all true Americans.

Diet for Constipation

BY BERTHA M. WOOD

A PERSON may be very uncomfortable because of constipation or there may be no great discomfort but sooner or later trouble will arise as a result of this condition. Usually a nurse has the patient *after* the trouble has arisen. The treatment for constipation seems simple but in reality requires much knowledge, and a large amount of thought and common sense. There are three kinds of constipation:

(1) Atonic, which indicates lack of muscle tone; (2) Spastic, in which the muscles act spasmodically, therefore do not regularly propel the fecal mass in the normal way; (3) Obstructive, which may be due to an operation, or caused by a growth, as tumor or cancer, or by an accumulation of feces blocking the passage.

A patient's condition may result from one of these causes, or he may have more than one kind of constipation at the same time. It is important that a clear diagnosis be given the nurse that she may have an intelligent view of the cause of her patient's condition. The word "constipation" is not enough to let her know what treatment should follow.

Atonic constipation may result from lazy muscles, or muscles that have not been made to do their work, or it may be the result of an operation. Whatever the cause, the muscles must be stimulated to action. The first thing to be

done is to form a regular habit as to the time of evacuation. This applies to all forms of constipation, and the best time is the morning, either before or directly after breakfast. Digestion has taken place during the night, allowing the feces to pass into the lower colon. If a glass of water is taken on arising, it frequently acts as a stimulus, by mere pressure.

The next step is dietotherapy. To stimulate the intestinal tract, fruit juices should be given at first, also vegetables containing a small amount of cellulose. These fruit juices should be given four times a day, at first: at breakfast, at lunch or dinner at noon, at night for supper or dinner, and before going to bed at night. These juices may be orange, lime, prune, grape fruit, lemon, strawberry, or a combination of these juices. Of course it is better not to dilute them.

After the bowel movements have become more normal, the fruit juice before retiring should be discontinued, and later the one at noon may be omitted, and fruit jellies or fruit sauce may be substituted at the evening meal. Vegetables that have a large amount of cellulose, bran, or foods containing bran, should not be given at this time. It must be remembered that the muscles are lazy and until properly stimulated should not

be overburdened with work to do. Vegetables such as peas, turnips, lettuce, spinach, chard, asparagus, and beets may be given twice a day. Not more than two ounces of meat a day should be allowed until there is a free bowel movement. Unless evacuated regularly, the residue from meat is very likely to putrefy. Protein may be taken in the form of milk, eggs, and beans, for the first three or four days, or until a normal bowel movement is obtained.

Atonic Constipation

IN atonic constipation breakfast may consist of fruit juice, a soft cooked egg, either boiled, poached, or scrambled, and one slice of whole wheat Melba toast (a thin slice of bread toasted very dry). The noon menu might be a cream soup, two vegetables, one of which is pureed, lettuce salad (with or without fruit or vegetables) with a mineral oil dressing, and a dish of cooked or raw fruit or berries. The vegetables to be pureed include carrots, peas, beans, beets, and spinach, while stewed tomatoes, squash, mashed turnips, and asparagus need not be pureed. For supper, the patient may have boiled chopped cabbage with drawn butter or cream sauce, one slice of toasted whole wheat bread, and one piece of gingerbread with one glass of milk.

This menu will supply the acid to stimulate the intestinal tract to act, the roughage from the vegetables, fruit and berries will serve to scrub out the tract, the mineral oil will act as a lubricator, and the water drunk and that furnished in the vegetables, including lettuce leaves, will prevent the stool from being hard and dry. This diet should result in defecations becoming more regular and bowel movements taking place with less and less difficulty.

When the stasis has been overcome, a normal condition may be maintained by using whole wheat bread, bran muffins with molasses, and fruit and vege-

tables, twice a day at least. Molasses candy is usually a delight to a child and furnishes an acid to stimulate.

Spastic Constipation

SPASTIC constipation usually occurs in underweight, nervous patients and may be complicated by mucous or membranous colitis. Again, wrong dietary habits may be the cause. Too much cellulose is as bad as too little, as both contribute in making a wrong diet which brings wrong results. In cases of spastic constipation, bulk in the form of cellulose must be eliminated, as irritation must be avoided, otherwise the spasms, pain, and mucous will be increased. Help should be furnished to assist the evacuation of feces and detritus. The diet should also include foods to increase the nourishment of the individual and bring him up to normal weight. In a severe case all cellulose is omitted. Cream, milk, eggs, and cottage or cream cheese are the best foods, with fruit juices, for the first forty-eight hours. If there is improvement—less pain and mucous and more regular movements—fine cereals, cooked thoroughly, pureed vegetables, and cooked fruits may be added. As soon as the patient is having a normal evacuation, mineral oil may be used in a dressing for lettuce or other leaf salads.

Obstructive Constipation

OBSTRUCTIVE constipation is the third in the group and may be due to the intestine's being partly closed. All foods that leave a residue should be omitted from the diet. Gas-forming foods and meat which easily putrefies should not be included. A liquid diet of fruit juices, boiled milk, eggs, gruel, and possibly creamed vegetable soup may be given. This diet should help to build up a patient in preparation for an operation.

Constipation cases of any kind are very difficult to write about. Although

the large majority of people over fifteen years of age are troubled with constipation, nearly every case requires a different formula for a diet. The largest number of cases are suffering from or have atonic constipation. Office workers who ride to and from work, sit most of the time at work, and eat queer lunches, have atonic constipation. Many factory workers also suffer from the same cause. Strange as it may seem, even housekeepers, the home-makers, have this trouble.

The foregoing may be tabulated as follows:

- (1) A regular time for evacuation.
- (2) Fruit—*not* bananas—twice a day, at least, to furnish a stimulant to cause the intestinal tract to function.
- (3) Roughage to act as a scrub brush to clean out the tract and 6 glasses of water a day to rinse it out and keep it clean.
- (4) Coffee and tea are not good for washing out the tract.

Few foreign-born people come to this country handicapped with constipation. This, they themselves say, is due to the fact that their diet in their native country consists largely of fruit, vegetables, and coarse breads and cereals.

Recipes for Correcting Constipation

FRUIT DRINKS

Any of the fruit drinks may be used, lemonade, orangeade, grape juice, and limeade.

LEMON JELLY

- 1 lemon
- $\frac{1}{2}$ cup sugar
- 1 pt. boiling water
- 2 tablespoons gelatin

Extract juice from lemon, add sugar, gelatin, and boiling water. Place in molds to set.

CREAMED CABBAGE

- 1 small or $\frac{1}{2}$ large head cabbage
- 1 pt. hot water
- 2 tablespoons butter
- 1 teaspoon salt

Chop or cut up cabbage into inch pieces, and place in boiling salted water. Cook 10

minutes. This may be served with drawn butter or cream sauce.

TO PUREE VEGETABLES

Cook or re-heat vegetables desired and rub through sieve. To serve, this pulp may be placed in a paper patty case or in a timbale case, re-heated and turned out. If the pulp is too thin to keep the form it may be thickened with a little flour. Some of these vegetables when turned out of a timbale mold may be made attractive by serving a tomato sauce around them, or by garnishing with a teaspoon of cream cheese. A grating of carrot on a spinach or pea timbale gives an appetizing effect.

ESCALLOPED VEGETABLES

- 1 cup cold cooked vegetable
- 1 tablespoon flour
- 2 tablespoons butter
- 1 cup milk
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{4}$ teaspoon pepper

Chop, slice, or cut up vegetable, place a layer in a baking dish, sprinkle with salt, pepper, flour, and butter. Add the second layer and repeat with salt, pepper, flour, and butter. Cover with milk and bake until brown. Serve very hot.

SALADS

All salads should be made with mineral oil dressing, either French or mayonnaise.

MINERAL OIL FRENCH SALAD DRESSING

- 2 tablespoons vinegar
- 1 tablespoon mineral oil
- $\frac{1}{3}$ teaspoon salt
- $\frac{1}{4}$ teaspoon pepper

Mix all ingredients together by beating. Chill and pour over salad just before serving.

MINERAL OIL MAYONNAISE SALAD DRESSING

- 1 teaspoon mustard
- 1 teaspoon salt
- 1 teaspoon sugar
- Few grains cayenne
- 1 egg
- 4 tablespoons vinegar
- $1\frac{1}{2}$ cups mineral oil

Mix dry ingredients, add egg, and when well mixed add $\frac{1}{2}$ teaspoon vinegar. Add oil and vinegar alternately, drop by drop, at first. Beat with Dover egg beater. Chill before using.

CREAMED CARROTS

(Process familiar to every nurse.)

BRAN MUFFINS

- 1 cup bran
- 1 cup white flour
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon soda
- $\frac{1}{4}$ cup molasses
- $\frac{1}{4}$ cup water
- $\frac{1}{2}$ cup milk

Measure and mix dry ingredients, add remaining ingredients and beat well. Put into greased muffin pans and bake in a slow oven.

DATE MUFFINS

- 2 cups flour
 - 1 teaspoon salt
 - 3 teaspoons baking powder
 - 2 tablespoons sugar
 - 2 eggs
 - 1 cup milk
 - 2 tablespoons butter
 - 10 dates, cut in small pieces
- Sift dry ingredients, add well beaten eggs,

milk, and butter melted. Beat all well together. Add dates. Fill greased muffin pans two-thirds full and bake in a hot oven 15 or 20 minutes.

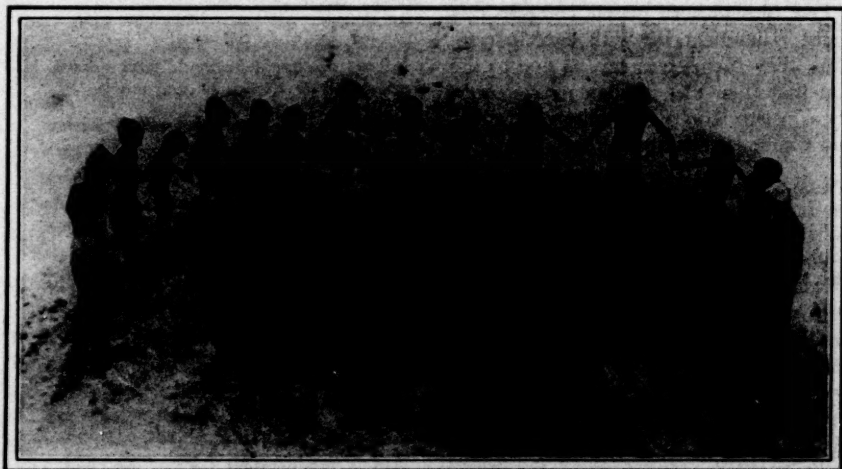
HOT WATER GINGERBREAD

- 1 cup molasses
- $\frac{1}{2}$ cup boiling water
- 4 tablespoons fat
- 1 teaspoon salt
- 1 teaspoon ginger
- 1 teaspoon soda
- $2\frac{1}{4}$ cups flour

Melt fat in boiling water and add to molasses. Measure dry ingredients and sift into first mixture. Beat well and bake in moderate oven.

STUFFED PRUNES

Select large prunes, wash and soak in cold water for $\frac{1}{2}$ hour. Remove stones and stuff with chopped dates. Roll in powdered sugar if desired.



SNOW SPRITES

A pleasant picture to contemplate in the "dog days." A group of tuberculosis children at the J. N. Adam Memorial Hospital, Perrysburg, N. Y. During the Winter months they play in the snow as unconcerned as the hardiest Indians and are on the highway to health.

EDITORIALS

A Code of Ethics

ALMOST two years ago the Committee on Ethical Standards of the American Nurses' Association asked every state association for suggestions as to the form and content of a serviceable code of ethics for nurses. Some of the states sent in very useful suggestions and the Code which appears on our first page this month embodies most of them. This Code is now offered to the nurses of the country in a tentative form for test, analysis and criticism. It is in no sense a completed piece of work and is capable of infinite variation or, if need be, it may be discarded altogether and work begun anew in order that the highest ideals of the profession may be clearly expressed in serviceable form.

We believe many nurses will desire an elaboration of the section on the patient. Nothing more can be done, however, without a very free expression from the nurses of the country for the Committee is anxious to work in the most democratic way possible. The officers of the Association have but one desire, to set up a code which will be expressive of the real ideals of the profession and a useful guide to its members in the day-by-day practice of their calling.

Hundreds of codes of various sorts have been written. Within the past few years, especially, the urge and the need for guidance in various forms of business as well as the professions have taken this form. In the main, they are of two types: a set of rules intended to meet specific situations, or a series of ethical principles devised to assist the thoughtful in arriving at sound conclusions. "Rules are practical things, but they are habitual ways of doing things.

But principles are intellectual, they are useful methods of judging things."

It now seems to the Committee that something more than rules, a basis for making ethical judgments, is needed. The problems of living and the indescribably delicate relations of nurse to patient and the relations of both to society, do not readily lend themselves to exact measurements, and a nicely balanced judgment is needed. For example, a traditional rule of the profession is that of inviolable secrecy regarding all that pertains to the patient. It is an extremely important rule but there may be times when it is imperative, for the welfare of the family or of the community, as for example in the so-called social diseases, that this rule be ignored and the principle of the larger loyalty be judiciously and tactfully brought into use. It is a point which is open for discussion. Every nurse can recall not one but many instances of her own uneasiness when a rule and a principle came into conflict or, to put it another way, when a lesser loyalty came into conflict with a greater one. A sufficiently common example is that of the desire of a patient to retain the second nurse on the case. The accepted rule is that the case belongs to the first nurse called. The principle that the comfort and the happiness of the patient should be a nurse's first consideration would sometimes lead the first to relinquish the case, even though she recognized the economic injustice to herself, for personality rather than skill or professional qualification might be the deciding factor in the mind of the patient. It saves thinking to live by rule, but it has not been proven that it always leads to the greatest ultimate happiness for either patient or nurse.

In order to stimulate thinking along

ethical lines, the *Journal* proposes to publish each month one or more problems which have arisen in actual practice with suggested solutions. A considerable amount of this material is already available. The Editor will gladly consider all that comes and correspondence is invited both by the Editor and by the Committee on Ethical Standards.

The Code we publish bears the scars of past conflicts for it contains considerable professional self-justification. Nursing needs no justification of its existence! When the Code emerges from the expected avalanche of criticism and suggestion, it is the hope of the Committee to produce a document in which nurses will have pride, a document vibrant with inspiration and imbued with a practical spirit of helpfulness that shall make it a true guide to conduct of those who, by their lives of service, are making nursing worthy the honored name "profession" and nurses some of the most useful women in the world.

Some Alert Registries

IT was in 1877, at the first Commencement of the School of the City Hospital, that Mayor Wickham of New York asked if a central headquarters for nurses could be organized in order that nurses might easily be found by the public. Out of the suggestion grew a registry directed by the valedictorian of that class, Adelaide Mabie, the first registry for nurses in this country. In correspondence dated many years ago, Miss Mabie writes of "the difficulty of meeting calls for the middle class of salaried people."

The problem then, as now, is one for the professional registry in coöperation with medical and other groups to solve—for the professional registry is primarily concerned with the service it can give—but these registries must have active, not passive coöperation, if the

public is to be well served. The present activity among registries offers hope of a real solution and it is encouraging to note the increasing effort to meet community needs and to develop opportunities for nurses.

In March we commented editorially on the very advanced piece of work under way in Buffalo and we now find that Brooklyn is following rather closely Buffalo's pattern, for the new Central Registry, under the direction of the District Association, is the result of the joint effort of the District Association, the Visiting Nurse Association, and the Medical Society. It is a matter for real rejoicing that the plan has, through its Bulletin, and otherwise, the whole-hearted support of the Medical Society.

Detroit is looking forward to an improvement of its already excellent service. From Pasadena comes word that the Pasadena Nurses' Club has presented to the District Association its Registry and business of sickroom supplies—a gift equivalent to \$10,000, which is made in order that the registry may be officially operated by the District Association.

The official registries of the "Twin Cities," Minneapolis and St. Paul, are reaching out as never before to meet by coöperative effort the actual nursing needs of the two cities. The Rochester (N.Y.) registry is experimenting with an hourly service financed directly by the registry.

Chicago, with its tremendous Central Registry of the First District, which daily sends out from ninety to one hundred nurses, is just launching a particularly interesting experiment in hourly nursing. The plan had been worked out by the District Association and the Central Council of Nursing Education—a group of lay women alert to community needs in nursing. The District Association is underwriting the salaries of three nurses and through the Council,

three hospitals have promised to underwrite the salaries of one each. A well directed service is to be offered, extending from 8:30 a. m. to 10:00 p. m.

There are those who believe that the visiting nurse associations already organized should make themselves responsible for paid hourly nursing, since many of them are already doing something along this line. To do this on a comprehensive scale, it would be necessary to break down the conception, common to many lay minds, of visiting nursing as charity nursing, it would also mean persuading physicians who have had no occasion to use visiting nurses to become accustomed to an entirely new agency. Hourly nursing under a central registry, supplementing that now done by visiting nurses, overcomes the inertia inherent in both these situations. We believe, however, that these Central Registries have much to learn from the V. N. A.'s and would do well to work in closest coöperation with them. Their experience in cost accounting and record keeping, as well as their carefully developed techniques, should prove invaluable when applied to hourly work. When we have rendered invisible the lines separating hospital nursing service from registry service, and V. N. A. service from registry service, we shall have approximated the ideal of suitable nursing service for all classes of society under all conditions. There is much of hope for the patient of average means and indeed for all patients requiring nursing in all of this activity, for only through courageous and coöperative experimentation can the solution be found of this serious social problem which is as old as the profession.

Twelve-Hour Special Duty in Hospitals

VERY few families are nowadays rearing their daughters to look upon self-immolation as the good life! If this were not true we should have

more and much larger sisterhoods than now exist. We should also have plenty of students for all schools of nursing. With a plethora of self-effacing workers, we might be less concerned with developing efficiency methods than we now are and so, getting down to cases, we should probably not be discussing the twelve-hour day for special duty nurses in hospitals.

The modern conception of service, and this is true of medicine and the other professions as well as of nursing, is not often that of self-effacement; it interprets service in terms of skilled and efficient care for those in need, without loss to the worker, of health, of the ordinary privileges of social intercourse, or of individuality. Nursing cannot adhere to outworn traditions and expect to recruit the numbers needed for its many-sided service. It is powerless to alter the social trend of the times.

The development of the twelve-hour day for special nurses in hospitals has been curiously uneven. It has been in existence in some of our eastern cities for so long that the hospitals have almost forgotten that they ever had anything else. Indeed, some of them are now working toward a ten-hour day. The Pacific Coast, too, has quite generally adopted it, but not so in the Middle West. St. Paul and Minneapolis adopted it only a year or so ago, while in Chicago, although recently adopted by the Central Registry for Nurses, we are told that some of the hospitals are not yet wholly coöperative.

The question of the rightness or the wrongness of twelve-hour duty is surrounded by a haze of opinion, emotion, and tradition. The fact that it has been in successful operation for many years in many excellent hospitals, should be proof enough that patients do not suffer and that hospitals do not go bankrupt when the change is made. On this point we should like to quote the

President of one hospital board, an alert business man and head of a nationally known industry. He was searching, as he should, both for possible improvements and for economies. He made a careful study of the case for twelve-hour duty, then in effect in his hospital, versus twenty-four hour duty, for special nurses. As a result, he wrote: "the evidence is so overwhelmingly in favor of twelve-hour duty that we have abandoned all thought of returning to the old system." We predict that his successor, and other hospital administrators of the future will acquiesce in a plan for even shorter hours, for nursing will inevitably follow the trend in all occupations, professional and otherwise.

Of late years patients have tended to use special nurses unintelligently. It has become the fashion to have "specials," and the hospitals have tended to lean on the service so provided. Rightly or wrongly, it is even being said of some hospitals, "You won't get proper care there unless you have a special," with the result that specials are called for all sorts of cases, the costs of illness go soaring and—around we go in a vicious circle again!

If a patient really needs a special nurse, he needs one whose powers are all at his disposal for every minute she is on duty. Hence the twelve-hour day which, though an improvement on the twenty-four hour plan, is longer than is tolerated in any industry because it has long ago been proven that chronically fatigued workers are not good workers. If he has a special chiefly for companionship, the argument again is sound, that the alert nurse is a better companion than the tired one.

Much of the emotion influencing the discussion arises from the fact that nursing is becoming a profession and therefore self-directing. When one contemplates its amazing development of

little more than half a century, it is surprising that it has not more frequently exhibited such awkwardnesses of youth as the delivering of ultimatums.

A profession is a vocation animated by the spirit of service and based upon knowledge. Does the twelve-hour day for special duty in hospitals violate the spirit of service of the profession? Yes, if in the aggregate nurses actually allow patients to suffer, and if nurses fail to give maximum and well-rounded service during the hours of duty. No, if by giving thought the nurse can give in twelve hours all and more of the technical care, the buoyant physical assistance, the mental refreshment and the spiritual support which are the essence of good nursing, than is possible in twenty-four hours of up-and-down, in-bed-and-out-of-bed service. And this, since nurses are human and not machines to be set going like eight-day clocks, can be proven. Twelve-hour special duty in hospitals is not a backward step in the care of the sick, it is a step forward in improving the morale of hospitals—morale upon which the care of patients is pathetically dependent. Those who continue to oppose twelve-hour special duty in hospitals forget that "Time makes ancient good uncouth."

Miss Deans Resigns

FOR many years the office of the American Nurses' Association, according to Agnes G. Deans, was in the trunk which held its records and was moved about as the Secretary moved. Fascinating reminders of an earlier day were these which became the nucleus of the imposing files that now contain the voluminous correspondence and records of the Association. That trunk was Miss Deans' companion for many a year when she was the slenderly paid and hard working Secretary of the Association.

When the Headquarters office was

established, Miss Deans, continuing as Secretary also for a time, accepted the position of Director of the headquarters office. Under her guidance it has grown out of the trunk into an office with five desks and an extremely busy personnel. Indefatigably, oftentimes far into the hours when she should have been resting, has she labored to develop her dream of an office that would be a helpful and a friendly place to all nurses. She has made a contribution that was peculiarly her own. Few, if any, members of the organization had both her comprehensive knowledge and her love of the detail work of the organization that made the rapid development of Headquarters possible. The debt of the Association is one that can never be repaid except by the affection in which she is held by thousands of nurses.

On August first, Miss Deans severs her official connection with the Association but her friends hope that it may be temporary only and that, when the weariness that was almost inevitable after preparing for so many-sided an event as the Health Congress shall have passed away, she may be persuaded to enter the field and carry the helpful message of the American Nurses' Association to some of the more distant states.

Those who heard her cheerful "Bargain Sale in Ballots" at Atlantic City, as well as hundreds of others, know her platform gifts. Not until she has definitely accepted some other position will her friends cease hoping that she may again serve the Association. A successor is not easily found, but we hope to announce an appointment in our next issue.

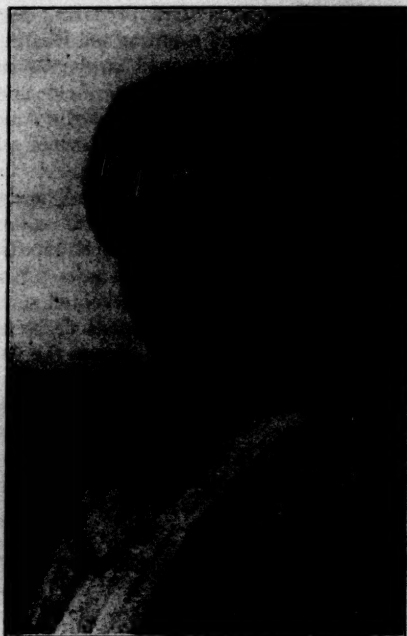


These Women Work

THE nurse occupies no pedestal—she is too busy. In a world which of late has come to place an undue appraisal on noise, she is quiet—her work requires her to be. As her work is real, so she is genuine. It is perhaps part of our appreciation of her that we know she expects none of the popular spotlight. . . . But without nurses to care for the sick and the suffering, not alone in wartimes when it is easy to become fired with sacrificial zeal, but day after day and always in the deadly routine which is the fiery test of courage and character, the highest flown dreams of social betterment would be visibly impossible. To be preached to and diagnosed is one thing—to be ministered to is another, and the nurse ministers without making a fuss about it.

—From an editorial in *Cleveland Topics*, June 5, 1926.

Who's Who in the Nursing World



LX. MARY ALEXANDER BROECKER, R.N.

A true daughter of the blue grass, Mary Alexander (Mrs. John) Broecker has spent her life in Kentucky and has given lavishly to the advancement of Kentucky's nursing. After leaving the Southern Normal School and Business College at Bowling Green, Miss Alexander entered the Louisville Training School for Nurses (City Hospital) and, completing her course, took postgraduate work in the Tennessee Orthopedic School. Endowed with gifts of leadership and social vision, and the spirit of a true pioneer, she organized the Social Service Department of the Louisville City Hospital and the Metropolitan Life Insurance Nursing Service in the same city.

She has expended her energies most fully in professional organizations and was President of the Kentucky State Association in 1914 when the first legislation in the state for the registration of nurses was secured. Miss Alexander was President of the State Board of Nurse Examiners for the first four years of its existence.

Matrimony has not lessened her interest in her profession, although she is not longer regularly employed, and she is now the active President of the Jefferson County Nurses' Club which is already coöperating with the State Association in plans for the Biennial in Louisville in 1928.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

Grading Schools of Nursing¹

BY EDWARD A. FITZPATRICK

IT was in 1911, at the annual meeting of the National League of Nursing Education, that the idea of grading schools of nursing was first given serious consideration. This discussion was naturally suggested by the study of the schools of medicine, then being made by the Carnegie Foundation for the Advancement of Teaching. The discussion has gone on more or less intermittently since, until the Winslow study. At the present time there is a committee on grading schools of nursing, consisting of representatives of the three principal nursing associations, the American Medical Association, the American College of Surgeons, the American Hospital Association, the American Public Health Association, four educators, and the representative of the general public. This committee has just outlined a very comprehensive study of the whole problem of nursing education which, it is estimated, will take five years to complete, and which will cost approximately \$150,000. I am a member of that committee, but I do not presume in any way to speak for the committee. What I shall say tonight is merely a personal statement and is limited to certain aspects of the problem. If it is desired to raise the general discussion at the end of the paper, I should be very glad, indeed, to participate.

ALL Must Be Done in Interest of Patient

A GREAT deal of the discussion of the grading of schools of nursing is apparently carried on under the

assumption that the purpose of the program is to raise the educational standards of these schools. A naive assumption is made, that if we raise the standards of admission, say from one year high school to two or three or four, if we decrease the size of classes, if we get certificated teachers, or if we get better equipment, we have achieved the purpose for which schools of nursing, nurses, hospitals, public health agencies, or whatnot, exist. This is part of our general educational philosophy that places so much emphasis on mechanism and fails to consider final purposes. The justification for such a study, for example, as is proposed, with such an expenditure, extending over a period of five years, can only be the improvement of the care of the sick or the prevention of sickness and illness. The securing of people of wider educational training will be helpful if we utilize this training in what happens in the school of nursing in the ultimate interest of the patient. And so it is with the other so-called standards of a good school of nursing: (1) a separate budget, (2) a separate endowment, (3) a hospital of a certain size with certain kinds of services and certain proportions of chronic and acute cases, (4) age limitations in admission to schools of nursing, (5) an organized work during the year, (6) standards of living quarters and working hours, (7) definite preliminary terms, (8) limitations on night service and alternations of day and night service, and (9) organized curriculum. These things every school of nursing ought to consider, and

¹Paper read at meeting of the Catholic Hospital Association, Loyola University, Chicago, Ill., June 17, 1926. D

they ought to be part of their own program in their efforts to better serve the patients whom they are training their students to help.

Supply of Nurses—A Fundamental Consideration

THE social side of the problem must not be neglected. The question has been raised, for example, whether an effort should be made to reduce the eighteen hundred schools of nursing to one or two hundred large schools. The obvious and instantaneous answer to such a query ought to be a very decided negative. We should not attempt, nor would it be desirable, to concentrate the training of nurses in a hundred, or several hundred, large schools, even if we had people with better educational qualifications to enter them, and their educational standards in course were higher. One of the fundamental factors in the whole problem is an adequate supply of nurses competent to do the actual work of nursing. No grading program can proceed without reference to this fundamental fact. Therefore, it will be necessary to consider the situation in every section of the country, and to decide the program, taking into account all the facts. These sociological facts may be more important in certain sections of the country than in others, and may even take precedence over educational facts.

We hear a great deal, especially from the doctors, about the over-education of nurses. Sometimes this is merely a way of the doctors' saying that the nurse is officious, that she is meddling with things that are not her concern, and this is so even when the suggestion of the nurse is helpful to the patient. This comment naturally grows out of the first one, that the raising of standards may be done in spite of any actual benefit to patients. Nursing leaders, seeing the very great importance of

nursing in the field of health and of preventive and remedial medicine, naturally desire to make it a great profession and urge for it the highest possible kind of education and professional training, but this discussion sometimes overlooks certain professional and legal points. The first is that the practice of medicine is vested solely in the doctor, and that the nurse at all times is under the direction of the doctor and must secure instructions from the doctor for any steps she may wish to take. Undoubtedly, there are poor doctors, and undoubtedly there are exceptional nurses in whose hands patients might better be committed than to some doctors. And nurses undoubtedly have seen many cases where doctors, in their ignorance or in their pride, might better have taken the suggestion of the nurse, but the fact remains that nursing is essentially a technician service under the direction of the doctor, and the educational training should keep in mind this fundamental fact. There must be, therefore, a pretty thorough and careful analysis of the nursing service. The nurse herself, reluctantly, let it be said, has acquiesced in the need for an attendant who shall be under her direction. Obviously, there is no point in requiring college degrees for the training of attendants. Also we should remember that the training of a supervising nurse, or administering nurse, will require special administrative and executive training, as well as the technical training. The problem is not a simple one in which a uniform training for every one will satisfy the social need or the administrative need of the hospital and the training agencies.

There is another aspect of this very same problem of the so-called over-education of the nurse. If we do not deceive ourselves with words, the very designation of over-education is a label of condemnation, but the real danger is

not so much of over-education, as of mis-education. We may be entirely missing the mark for which the education should be intended. This will be fundamentally a lack of either definite or of the right objective, and we trust that the studies now being made will prevent at least this kind of over-education, which is really mis-education.

The Training School Primarily an Educational Institution

BUT these general considerations should not be a defense mechanism or an alibi for remaining perfectly content with things as they are. Undoubtedly, there is need for certain definite changes in the school of nursing, and the first of these is the general recognition that the school of nursing is an educational institution. The training school should not be an inexpensive way to provide a nursing service for the hospital. It should not be a means of exploiting the fine ambition and high ideals of young women who enter the nursing field. So long as the training school is merely a department of the hospital, the primary and dominant function of the hospital (the care of the sick) must control. And this undoubtedly has been the justification for keeping students in certain departments for prolonged periods to render routine services, because they render them efficiently, and in general the denying of students either well-rounded or adequate training in the entire range of the nursing service. Consequently there is considerable justification for the conception of the school of nursing as a separate institution affiliated with the hospital, with a separate budget, a separate endowment, and controlled primarily by educational considerations. This does not mean that there will not always be emergencies where the services that a person can render to another will be important, but such services for

more or less brief periods must be definitely recognized as emergencies.

Actual Conditions in Best Schools

A STUDY of the actual situation in schools also indicates the need for some kind of definite program of education which will approximately improve these schools as instruments for training people for the care of the sick. One has but to look at the Winslow report which is presumably a study of twenty-three of the best schools of the country, to note what conditions exist even in these schools. A rapid examination of this report indicates on various pages such points as these:

1. Miscellaneous collection of students in a single class, that is, with all kinds of training. This results from widely different entrance qualifications and admitting students at any time of the year.
2. Too much time spent in routine service and maid's work.
3. Poorly equipped demonstration rooms.
4. Loss of time in assembling equipment.
5. Questions and answers from ancient notes.
6. Theory does not correspond with methods taught.
7. Teacher without high school training.
8. Formal lecture method with little demonstration.
9. Cram courses.
10. Neglecting essential elements in training, such as taking temperatures, and charting.
11. Lack of gradation in assigning the work to probationers.
12. Instruction given by older students.
13. Theory taught in preliminary period and service given in third year.
14. Lack of instruction before dispensary assignment.
15. Waste of time in non-educational duties all through the hospital.
16. Persons unfit to teach, even though competent in every field.

Depressing as this array of facts is, there is also evidence of fine educational procedure and excellent methods of training in these schools. If we could only make these good practices contagious, so that they would affect, not only

these so-called best schools, but all schools in the country, we would be rendering the sick one of the greatest possible services, and obviously an educational system in which such bad practices are noted in the best schools needs some kind of educational program to make the best practices general, and the justification for the grading movement must, in the last analysis, be a program which will make schools realize these conditions and inspire them on their own initiative progressively to change them.

Some Essentials in Grading Program

WHAT then is the purpose of grading schools of nursing? It certainly is not the elimination of schools, or the development of large schools. Fundamentally, it is not the classification of schools, or the raising of educational standards, but the improvement of the care of the sick. Keeping its eye steadily on this goal, a grading movement must be guided by certain things in the present.

1. Its program should aim to keep in existence every school capable of becoming better and ultimately achieving at least its minimum standard.
2. Its standard or norm should be of such a character as to be capable of progressive development.
3. Its standards or norms should be such as are interpreted in terms of actual conditions.
4. The active coöperation of the educational institutions should be a part of the program at every step in the formulation of the standards, in the local review of the situation and even in the judgment.

Or, to put the program in a word, its purpose is not judicial but educational. The participation of the schools in the formulation of the program is justified by its educational by-products, as is the review and judgment. The lack of any definitive judgment opens the way for the highest possible achievement for

each school. The standards should be all-pervasive in their influence. It would be part of the psychology to have the standards so formulated that they could be placed on a sheet, framed, and placed in every school, as an ever-present reminder of the schools' aspiration.

The best illustration I know of, in any field, of such a procedure is the "Minimum Standard of the College of Surgeons." A careful study of the history of that standard and particularly of the technic of its administration will furnish excellent guides for procedure in the grading of schools of nursing.

Pressures of Force and Education

I HAVE presented the subject as I have for the purpose of challenging certain conceptions which seem to be accepted as controlling in the grading movement. Too often the effort is to satisfy a standard in order to achieve respectability, whereas the purpose should be to do those things which will in every way make the school of nursing a better instrument in the service of the care of the sick and the promotion of public health. The pressures to be exerted, therefore, are not the pressures of force or respectability, but the pressures of education and aspiration. Every step made must be a permanent advance, and it will be because the personnel is carried along by the educational nature of the program.



Where Shall the League Meet?

THE National League of Nursing Education will receive invitations for its next meeting up to October first. As far as is consistent with the invitations received and the local facilities available, the policy is to distribute meetings over different sections of the country. Address invitations to the Secretary, National League of Nursing Education, 370 Seventh Ave., New York, N. Y.

Psychiatry and the Nurse¹

Discussion of a Paper by Arthur H. Ruggles, M.D.

By EFFIE J. TAYLOR, R.N.

WE, as teachers, are extremely grateful to Dr. Ruggles for his insight into the aim and scope of nursing education as expressed in his opening paragraph.

Nursing education is broadening constantly and is not unmindful of its relation to the study of nervous and mental diseases.

Without doubt this statement is true, for the trend in nursing education today is to place the emphasis on a more personal and less routine approach to the care of the patient in the general hospital wards. This trend is perhaps as yet more real in theory than in actual practice.

Dr. Ruggles further remarks that the fact that every nurse needs instruction in disorders of the mind and actual experience in the nursing care of mentally sick patients is so generally recognized that the point is not one for argument. This also is more true in theory than in practice. It is one thing to recognize a fact which is perfectly obvious but quite another thing to do something about it or feel a responsibility for it.

Hospitals today in which there are schools of nursing have not wholly accepted their responsibility nor have they interpreted their function as educational institutions, first from the standpoint of preparing the student nurse for her ultimate field of work and second, from the standpoint of preparing the patient to avoid pitfalls of ill health into which he may fall when he again goes out into the community. The other functions of

a hospital; viz., to care for the sick patient within its walls and give instruction in specific nursing care to its student nurses, are always well recognized and accepted. The emphasis is placed on the immediate situation and largely on the day's work with its specific need and routine procedures and the efficiency of the institution and school of nursing is based on the accurate and methodical way in which a routine day's work is executed.

From the fact that physicians in considerable numbers give evidence that a majority of patients with whom they come in contact have no apparent physical disease and therefore the hands point to some form of maladjustment, described by neuroses or psychoses, minor or major, it is evident that if they have recognition, they have not yet acquired insight into the nursing situation. Recognition is often apathetic; but normal insight, usually, is accompanied by action and effort to change.

It is imperative that all nurses have an understanding of the patient as a whole and there is no such thing as mental nursing apart from general nursing or general nursing apart from mental nursing. They form a "oneness" and make up the whole. From our knowledge of how the whole organism acts, it is obvious that what affects one part affects the other and a sense of well-being or ill being in either the mind or the body brings about reactions which are not confined to one part alone but affect the whole human being.

It is impossible to deal with physical illness, in any form, without having associated with it attitudes of mind, emotional trends and personal tendencies.

¹Read at the Section on Mental Hygiene of the American Nurses' Association, American Health Congress, Atlantic City, N. J., May 21. (See paper on this subject by Dr. Ruggles, published in the May Journal).

These are inherent in the individual, sick or well, and make up his driving force. They are not absent in illness unless the patient lapses into unconsciousness, but they may change in character and quality under stress of pain, weakness or disease. If the nurse is to care for the type of patients described by Dr. Ruggles, who form a large part of medical consultation practice, if she is to care for the sick cardiac who is coping with a depression, if she is to care for the expectant mother with persistent vomiting or the so-called "irritable and unreasonable" one who develops exhaustion, loss of appetite and slight temperature, resulting later in a fatal disease, and does not know how to interpret the signs and symptoms, both mental and physical, in their proper relationship, she is not adequately prepared to function intelligently in situations demanding more than that required of a skilled technician.

The deficiency is not necessarily in the nurse herself, the deficiency is more obviously in her preparation which is the direct result of the system upon which nursing education in the average school is practiced, and the system is based on an immediate need, specific relations and past traditions.

The problem is many-sided. What can we do to meet the nursing need in the hospital, satisfy the need of the physician, skillfully and with comfort care for the sick patient, appreciate his change in adaptive capacity due to illness, understand his maladjustments and finally make the nurse an "asset rather than a liability in the community?" It is a challenge to us as teachers but there are obstacles in the way which we cannot alone overcome. We must have help and coöperation from the institutions, hospital boards of trustees, physicians and laymen. We all have some recognition. Who have insight and, having insight, the knowledge, in-

fluence and power to bring about the desired end? It is a community problem as well as one of nursing education.

Looking at the question from the point of view of nursing education, it is not surprising that we have not grasped the meaning of this tremendous problem in its entirety, for the science of mental hygiene is in its infancy and psychiatry and mental hygiene are only finding their way into the medical school curriculum and are occasionally referred to in the hospital wards. A few years ago, psychology was a subject taught in an isolated form in colleges and usually studied only when required. Purely introspective psychology had little human interest and the psychiatrist and the psychologist had little in common. Today we have a blending and a recognition of the value and relation of each science, for such they have become rather than philosophies, and with an understanding of behavior and its relation to mental life, psychology has become a vital living thing full of human interest and relationships. The psychologist and psychiatrist now speak the same language and interpret each other's meaning.

Dr. Ruggles has intimated that a broadening cultural background in the pre-nursing school years and a thorough grounding in human motivation through the study of psychology and other related courses, would give the prospective student in nursing a better background for her future work. With this we heartily agree and it seems to be one of the solutions to our problem. When we can require for admission to nursing schools a better background of preparation, we shall not need to put into the nursing school curriculum many of the subjects now taught. They will be prerequisite and there will be a structure on which to build the more advanced courses in nursing.

In Yale University School of Nursing,

our courses are organized directly around the patient. The students are assigned to care for a patient or a group of patients and they are expected to study their patients as personalities with physical, mental or social handicaps, temporary or permanent as the case may be, and anything which is connected with the life, past or present of the patient, is considered of importance for them to know. They are required to make a minimum number of case studies in every service on which they report in writing. The patient's potentialities, assets and liabilities are reviewed and a content of nursing care is built up for each individual case according to her needs. The students are interested in their cases and assist in planning the nursing program of general care, mental as well as physical, while in the hospital, and in teaching health habits, physical, mental and nutritional, to be carried on when the patient goes home.

For example, a case study of a young high school girl with a fractured hip indicated a knowledge on the part of the student of the home situation, the duties the girl was carrying in addition to her school work, her own and her little brothers' and sisters' health habits and her responsibility in caring for them. It also revealed the knowledge that the girl was depressed over missing so much time and losing part of her school year. As part of the nursing program, the patient was given a new impetus through the student nurse discussing with her, her own health habits and how she could better meet her home responsibilities in relation to the younger children. She was thrilled with the thought that she was not a drudge but a teacher. As she was studying domestic science, the student nurse got in touch with the nutritional worker and the patient was supplied with material to study. Other books which were required reading at her school were found for her and she

was lifted out of her unhappiness and a new world opened before her.

Another patient in the obstetrical department was very depressed, apathetic and refused to eat. The case was assigned to a very resourceful student and after conference with her instructors, a program in which the patient participated was outlined. As the patient was on a weighed and measured diet, she was appealed to, to make her own menu, make the calculations and keep her intake and output chart. In a few days she became very enthusiastic about what was happening and was very proud of the responsibility placed in her. She was not at all interested in her baby, but as soon as her condition permitted she was taken into the nursery, given a lesson in bathing the baby and in its general care, and before long was busy making clothes for it; she is now convalescing satisfactorily looking forward to the time when she may go home. We believe this is the method best adapted to bring about an understanding of the mental factors entering into the human adjustment and is equally as necessary to use in caring for patients in the general hospital as in the special hospital. Something more is needed, however, to qualify the nurse to care for patients suffering from deeper seated or more obscure mental disorders and to fit her to understand and deal with the problems of the nervous and mentally maladjusted child. Nurses should be psychiatrically trained if they are going into the field of mental hygiene, into school health, or into child guidance work.

Through observation, comparison and experiment with infants and young children, many facts of adjustment and adaptation are definitely known and as the greatest plasticity in the human mind is in the early period of life, it is the best time possible to establish desirable habits and eliminate through suggestion

or substitution undesirable or disadvantageous tendencies. For reasons not always explained or demonstrable, undesirable habits are sometimes found at an early age and no time should be lost in observing these tendencies or trends and in substituting others which will bring about a more desirable or happy result. As the nurse is often the person who spends the greatest number of hours with the child it is inconceivable that she should be debarred from gaining the knowledge which alone will prepare her to adequately function in her own field. Next to the mother, the nurse is the most potent factor in the early life and development of the young child. She is with the child and mother in the pre-school period, in both health and sickness, in the school period and often in the adolescent period as well.

She must therefore know the proper reaction to sleep, nutrition, elimination, talking, walking, and all bodily wants. She should know the normal reactions to play, recreation, and the interests and associations of childhood. She must know when changes in emotions and moods are the result of physical or environmental conditions or acquired habits, desirable or undesirable, and she should know what habits or tendencies to encourage or inhibit. She should know the levels of intelligence expected at different ages and should be able to observe minor or suggestive deviations from the accepted normal. She should know how to interpret the more obscure things to the parents and point out to them types of behavior significant for modification. To inspire confidence in the parents and wield an influence with the child, she must be familiar with scientific methods of work, be alert and skillful in dealing with problems; calm, wise and consistent in her decisions, resourceful and adaptive in suggestions and substitutions and full of personal interest for the welfare of the child.

I do not think the vital question to determine is whether nurses or social workers should be responsible for the advancement of a program of community mental health. The immediate question is how can nurses be prepared to do the work which is knocking at their doors so loudly that it stands out in extraordinary distinctness above all other knocks. Over 100,000 nurses daily are making sickness and health contacts and every contact presupposes a mental as well as a physical life. These contacts include human beings of every age, race and social status. Every unobserved or unrecognized symptom is a lost opportunity to insure a healthier, happier and more efficient human race. Can we afford to take the risk of sending into the field so many professional workers utterly unprepared for their task? Of the 15,000 nurses graduating every year, only a handful have training in the care of the mentally sick and consequently very few are ready to adequately enter the field of mental hygiene. All nurses should have as part of their training some opportunity to study these vital things which concern every patient and in fact every human being. They can only adequately function in the field of prevention when they have acquired the new conception of mental disorders. The art of living presupposes the ability to make good physical, intellectual and social adjustments and the art of nursing must weave into its structure the art of living.



Government Trachoma Campaign

A TOTAL of 136,551 Indians have been examined in the Government's Campaign to eradicate trachoma existing among Indian populations throughout the country, and 27,943 were found to be suffering with trachoma. Eye operations were performed on 8,457 of them while approximately 19,400 were given treatment, operations being deemed unnecessary.

Distinguished Alliance and Gift for Nursing Education

BY LAURA R. LOGAN, R.N.

ANOTHER important step has been taken in the history of nursing education in America. An important gift and a distinguished alliance have been consummated by The Illinois Training School for Nurses, Chicago.

The work of the nurse, like the work of the physician, is of vital import to the public. Of fundamental and far-reaching significance, therefore, is the announcement of this gift and merger.

At the One Hundred and Forty-first Convocation of The University of Chicago, on June 14 of this year, announcement was made by President Mason of the gift of one-half million dollars, by The Illinois Training School for Nurses, through the transfer of its properties and holdings, within a reasonable time, to the University, toward the founding of a School of Nursing of collegiate rank as one of the permanent schools of The University of Chicago. The name of The Illinois Training School for Nurses will be perpetuated by a fund of \$25,000, to be held separate by the University of Chicago, to be known as "The Scholarship Fund of The Illinois Training School for Nurses."

The memorandum of agreement signed by The Illinois Training School for Nurses and The University of Chicago provides that the School of Nursing to be established by The University of Chicago shall be cognate in rank and standing with the other schools of the University, i.e., Law, Medicine, Divinity, Education, etc., which in turn assures that the head of the school will have the same rank and authority in the University as have the heads of its other schools.

The new School of Nursing will use The University of Chicago Hospital es-

tablishments, now under construction, and services related thereto, as its laboratory for the practice of nursing. It is understood that the organization and development of the courses of study for nurses will offer such grouping and sequence of courses in fundamental sciences, nursing, etc., as will establish the graduates therefrom on the same basis as graduates of other Departments of the University who on graduation may become entitled to the Bachelor of Science degree. Accordingly, the University agrees to confer upon the graduates of this school the degree of Bachelor of Science.

It is the purpose of the University, in the establishment of this University School of Nursing, to develop a school for nurses whose requirements for admission, curriculum, etc., will develop a superior type of graduate and tend to raise the standard of nursing education, a development to be fully achieved only by an institution of the standing and resources of The University of Chicago, whose hospital and medical school program alone involves an expenditure of seventeen and one-half millions of dollars.

Organized in 1880, for the purpose of promoting the education of the nurse for community service, the Board of The Illinois Training School for Nurses has exercised this function for forty-six years. In addition, it has conducted the nursing service of the Cook County Hospital during this period, under a yearly contract with the Board of County Commissioners of Cook County, in order to provide a service wherein its students might be taught the practice of nursing. More recently, the departments of Social Service, Physiotherapy, and

Occupational Therapy and the diet laboratories of the hospital have come under its direction. Some twenty-four accredited schools of nursing are affiliated with it for selected practice and theory. In addition to the three-year professional nursing course, it conducts a six- and eight-months postgraduate course for graduate nurses and a six-months postgraduate course for graduate dietitians.

At the present time the school is providing the nursing service for a daily average of eighteen hundred patients. The transfer of the holdings to the University will not take place until the Cook County Commissioners can decide in what way it can take over the nursing service in Cook County Hospital and can have ample time and opportunity to perfect a nursing service to replace that provided by The Illinois Training School, so that Cook County Hospital may continue to stand for everything that is most efficient in the medical and nursing care of its patients.

Within the last eighteen months, The Illinois Training School has made its entrance requirements identical with those of The University of Chicago, both in subject requirements and in general standing and ability of applicants. The course has been lengthened to three years, and the year divided into four quarters. Its system of records has been revised and made to correspond with that of The University of Chicago. Its faculty has been enlarged and put upon a collegiate basis. Its study periods have been lengthened. Its curriculum has been strengthened and developed, both in theory and practice, until the Board believe it the equal of any three-year professional university course of nursing.

The Board of The Illinois Training School believes that in making this gift the school is making the greatest pos-

sible contribution to the advancement to nursing education and is acting in the spirit of the founders of the school whose ambition it was to be leaders in advanced education for the nursing profession, the scope of whose benefits will extend to all classes and conditions of men.

"We are gratified to know," writes the president of the Board of The Illinois Training School for Nurses, "that the high standing established by our school has made us worthy to be absorbed by an institution of the standing of The University of Chicago."

The women who have served as Superintendent of Nurses of The Illinois Training School for Nurses since its inception in 1880 are: Mary E. Brown, M. E. Hemple, Isabel A. Hampton (Robb), Virginia S. Field, Edith A. Draper, Lavinia L. Dock, Isabel McIsaac, Idora C. Rose (Scroggs), Helen Scott Hay, Effie M. Simpson, Mary C. Wheeler, and Laura R. Logan, the present Dean of the School.



Clerical Assistance in Nursing School Office

THE matron (superintendent of nurses) should be provided with well-trained and efficient help. It is absurd, and certainly most wasteful, that any matron, already bearing a heavy burden of responsibility; and even in the best organized hospitals always working against time, should be expected to answer dozens of purely routine letters day by day, and do the work of a junior clerk.

A matron's office should be as well organized, as methodically administered, as the secretary's (superintendent of hospital) office. The filing, recording, and registering should be as well done as in a commercial office, and this cannot be done unless the assistance of a trained clerical assistant is available.—R. E. DARBYSHIRE, R.R.C., in *The Hospital Gazette* (London), May, 1926.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

Red Cross at Atlantic City

SO important an occasion as the Atlantic City Biennial Convention, insofar as the Red Cross Nursing Service is concerned in it, cannot be passed over in silence in these columns. Want of space last month precluded reference in this particular section but adequate and interesting mention elsewhere more than compensated for a forced omission. Let us revert for a few moments to happenings in the city by the sea.

The most important meeting, from the point of view of the Red Cross Nursing Service, was that of the National Committee, held in the Gold Room of the Chalfonte Hotel, on Wednesday, May 19, Clara D. Noyes, Chairman, presiding. While the main business of the National Committee is usually accomplished at the Annual Meeting held in Washington in December of each year, this special meeting at every Biennial Convention serves an excellent purpose. It affords an opportunity to many members of the Committee for discussion of the general policy of the nursing service that otherwise they would never have. They are unable to make the journey to attend the winter meeting at National Headquarters, but they naturally make a special point of going to their biennial meetings.

Those present were:

Major Julia C. Stimson, J. Beatrice Bowman, Mrs. Mary A. Hickey, Adda Eldredge, Elizabeth G. Fox, Mrs. Isabelle W. Baker, Susan C. Francis, Mary E. Gladwin, Jane E. Nash, Abbie Roberts, Florence M. Johnson, Agnes G. Deana, Mary M. Roberts, Carrie M. Hall, Ada B. McCleery, S. Lillian Clayton, Mary Gardner, Harriet Leet, Alta Dines, Cecilia Evans, Elnora E. Thomson, Marie T. Phelan.

The Retirement Bill for Nurses which had passed both Houses and been signed by the President was reported upon by Major Julia Stimson for the Army Nurse Corps and J. Beatrice Bowman for the Navy Nurse Corps. Briefly, it provides that a member of either corps who has served thirty years, or who has reached the age of fifty, having served twenty years, may retire on annual pay assessed at three per cent of her salary at the time of retirement, multiplied by the number of completed years of her service, the total not to exceed seventy-five per cent of what she is earning when she ceases active work. It was also reported that the work necessary to secure the passage of the bill had been accomplished by the nurses themselves. Great assistance had been given by the State Associations and District Societies which had helped to secure the support of their representatives in Congress. Individual members had also worked to increase interest in the two Houses. So united was the front presented by the nurses that the fact impressed many Congressmen who commented upon it. Further signs of their interest in this Retirement Bill were shown in the wires and letters Congressmen sent back to the State groups on the passage of the measure.

Brief reports were presented on the status of various resolutions passed at the Annual Meeting, on the programs in public health nursing, Home Hygiene and Care of the Sick, and on nursing in foreign fields.

State and Local Committees Meet

IMEDIATELY before the meeting of the National Committee, a conference of members of the State and

Local Committees on Red Cross Nursing Service had been held in the same room. About one hundred Red Cross nurses, representing thirty-three states, ranging from coast to coast, were present, including committee chairmen, branch directors and public health nurses engaged in a Chapter program. So fruitful was the discussion of the points raised, that at the end of the time allotted it was felt there should be further opportunity for meeting, so another two-hour session was arranged on May 21.

Most of the time was devoted to that important topic, the Red Cross Nurse in Disaster Relief, and the points elucidated comprised methods by which calls for nurses reach the Committees; what should be observed in selecting nurses; the importance of the difference in the type of nurses needed in work following a tornado or following a flood; the character of the service with hours, quarters, proper channels for routing; the matter of salaries, etc. Great interest was taken in the explanation of volunteer work given gratuitously by Red Cross nurses as their contribution to disaster victims.

Home Hygiene Round Table

ANOTHER opportunity for interchange of Red Cross views was furnished on May 20, when instructors in Home Hygiene and Care of the Sick met for a round table discussion of class organization and methods of instruction, Mrs. Isabelle W. Baker, Director, in the chair. Such is the wide demand for Girl Scout classes that some time was spent answering questions on various plans for grouping the subject matter of the Home Hygiene course under different merit badge tests. Another interesting point concerned the new types of educational testing exercises and their adaptation to the subject matter of the course. Following the style of the so-

called intelligence tests, these are a truer criterion of a student's achievements than the old discursive question and answer examination method. It was brought out that these later testing devices are being used to a considerable extent, particularly in the larger city school system.

The social side was delightfully and humorously served by the luncheon for Red Cross public health nurses on May 21 in the Crystal Room of the Hotel Breakers, Elizabeth Gordon Fox, Director of the Service, in the chair.

Apart from these specific Red Cross occasions, there were others showing the close interrelation of the Red Cross and the national nursing associations. Miss Noyes was one of the speakers at the second general session of the Health Congress as well as Miss Fox in her capacity as retiring President of the National Organization for Public Health Nursing. The first Aid stations, arranged by the Atlantic City Chapter, were staffed by Red Cross nurses who commented on the fact that there was far less work to do, despite the size of the Convention, than in other smaller conferences because "nurses know how to take care of themselves." It was the Chapter also which organized the attractive Information Booth.

"Outstanding War Heroines"

SEVERAL questions have been addressed to National Headquarters as a result of newspaper reports of a meeting held during the Convention of the Women's Overseas Service League at Omaha at the end of June. Four women were then suggested as "outstanding heroines of the world war," two of whom were Edith Cavell and Jane Delano. The other two, Marion Crandell ("an Omaha girl who was the first American woman to be killed as the result of shell fire") and Katherine Baker ("another Red Cross nurse who

died in foreign service") were variously called "Red Cross worker" and "Red Cross nurse."

Marion Crandell was associated with the Y. M. C. A. and not with the American Red Cross. She was killed on March 27, 1918, during a German bombardment of St. Menehould on the French front, when on canteen duty, and was buried next day with full military honors at St. Menehould cemetery where the grave of just one woman is to be found among those of 6,000 soldiers.

Katherine Baker was a volunteer nurse's aide who was drafted by the American Red Cross to French hospitals in 1917 and later worked with the American wounded in 1918. She left France before the Armistice, at her own request, because of ill health and returned to the United States but failed to recover. She died in the Adirondacks in September, 1919. The French Government awarded her the Croix de Guerre and she was the first woman ever honored with a Corporalcy in the 17th Regiment of the Third French Army. The Isy-le-Moulineux Orphelinat, a war orphanage in the outskirts of Paris for little French girls, has been raised to her memory.

Discontinuance of Bulletins

IN the past it has been customary to issue from National Headquarters and the Midwestern and Pacific Branch Offices mimeographed monthly bulletins such as *Entre Nous*, which have been sent to Red Cross public health nurses, Home Hygiene instructors and members of the Local Committees on Red Cross Nursing Service. They gave information on policies and plans affecting the different groups, printed excerpts on occasion from various important reports, served as a general medium of communication between nurses, and formed an intimate connection between the na-

tional and branch service heads and the nurses in the field. As it is felt that these purposes can be as well served through the Red Cross *Courier*, it has been decided to let the printed page substitute for the mimeographed sheet. Each Service will have a special department for this purpose, as occasion arises, and nurses in future will find in that magazine their own particular news as well as excellent features of general interest to every Red Cross worker. For all this, the subscription is but one dollar a year!

Nurses and Life Saving

CLEAR water, topaz green in the sunlit air because of the leafy trees or the fresh countryside around—what can be more attractive in the late spring or very early summer! Such is the atmosphere of a Red Cross First Aid and Life-saving Institute of which there have been eleven in various parts of the country during May and June. Of these, two were held in California, one each in Oregon, Arizona, Texas and Missouri, and five in the Eastern Area.

It is not generally known that some Red Cross nurses each year participate in these annual water meetings. They consider it among the most delightful of their tasks. Acting as Dean of Women, each nurse is general supervisor of all that concerns the welfare of the girl athletes, spending ten or more vigorous days in this wholesome fashion. They arrange a temporary hospital, take charge of a dispensary under the doctor who is always in attendance supervising the First Aid Section, and enforce discipline—the girls go away with lively respect for the nurse who has acted as Dean of Women.

In the Eastern Area, Laura Knowlton was in charge of women at this year's Institute at Westcott, Maine; Marjorie Stimson at Brimfield, Massachusetts; Matilda Harris at Tuxedo, New York;

Annabelle Peterson at Culver, Indiana; and Mrs. Vaughan-Lloyd and Mrs. Charlotte M. Heilman at Rockbrook, North Carolina.

Enrollments Annulled

A LIST is attached of those American Red Cross Nurses whose enrollment has been annulled but whose appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Mrs. Margaret Louise Bobinger, Mrs. Verner F. Bouse (nee Lulu Melie Appelgate), Mrs. Edna S. Campbell, Marguerite Rosalie Cody, Mrs. Gertrude L. Filer, Florence Leona Gerhart, Nellie E. Grunwell, Isabel Husker, Mrs. Margaret Bailey Kelleher, Mrs. Charles Knowlton (nee Louie I. Shaw), Mrs. Charles Leppard (nee Mabel E. Borden), Mrs. G. B. McArthur (nee Gertrude Felty), Martha Jean MacDonald, Mrs. Ethel Grace McNeil Martin, Kathleen Ruth Millar, Mary Agnes O'Neill.

Items

PANSY V. Besom, former Director of Nursing Activities, Philippines Chapter, who, as already announced in the *Journal* in February last, resigned her position on account of ill health and has been spending some months travelling in the Orient to recuperate, has arrived in the United States. She recently called at National Headquarters. Before going to Manila in December, 1923, Miss Besom was Director of Child Welfare work under the American Red Cross in Czechoslovakia for some two and one-half years and prior to that had been Assistant Director, Bureau of Nursing, in the old New England Division.

Agnes von Kurowsky, of Philadelphia, 1917 graduate of the Bellevue School of Nursing, who from 1918 to 1921 went through many interesting experiences as American Red Cross nurse in Northern Italy and the Balkans, sailed for Haiti on the "Ancor," July 14, to take up a position in connection with the Haitian School of Nursing. She has travelled extensively in Europe from Constantinople to Paris in her three periods of service overseas and because of her knowledge of the Rou-

manian language served twice in Roumania especially in connection with the baby clinics that were later turned over to Lady Paget. Miss Kurowsky also knows French, Italian and some German.

The Haitian School of Nursing, by the way, offers an opportunity for foreign service to those Red Cross nurses with definite experience in training school work who speak French. It maintains a staff of four American nurses.

Lucy Gillette, who has been in the Virgin Islands since October, 1922, first as Red Cross public health nurse and then as field representative, which position she now holds, is in the United States on vacation and has visited National Headquarters. She went overseas just before the Armistice and on her return home became executive secretary of the Littleton Chapter, New Hampshire, where she did a notable piece of work.

Julia L. Wolki, of Detroit, who has been at the Warsaw School of Nursing, Poland, since 1923, with the exception of vacation leave in the United States early in 1925, has returned to America. During the recent Polish unrest when there was firing perilously near the school and when the nurses had to traverse contested streets in the course of duty, she went through some exciting experiences.

Alice Shelton Gray, of Winston-Salem, North Carolina, Red Cross nurse who was instrumental in raising money on Child Welfare Day, organized by the American Legion, to provide a public health nurse for the families of patients at Oteen Hospital, was a recent visitor to National Headquarters.



A Great Gift To Nursing

THE *British Journal of Nursing* announces the anonymous gift of more than £100,000 for the founding of a College of Nursing. It is to be "formed on the lines which have proved so successful and valuable in the ancient existing Royal Colleges of Physicians and Surgeons, and it will be composed of Fellows and Members who will be women nurses only." This will be a new foundation and is not a gift to the existing College of Nursing, Ltd. We await with interest further details of the plans for utilizing this splendid gift.

Student Nurses' Page

Ten Commandments of Health

BY DORIS L. TRAVERS

School of Nursing, Jersey City Hospital, Jersey City, N. J.

- I. Honor thy daily bath and shower.
- II. Thou shalt beware of thy neighbor's droplet infection.
- III. Remember thy water, to drink it daily. Seven glasses shalt thou drink and the eighth thou shalt drink also.
- IV. Thou shalt not think regularity of evacuation vain, for thy health will not hold him guiltless who neglecteth it.
- V. Thou shalt maintain a good posture at all times.
- VI. Thou shalt not kiss—for he who so doeth, endangereth his fellow man.
- VII. Thou shalt show mercy unto thy muscles—exercise, but do not overtax them.
- VIII. Thou shalt not envy thy roommate's ten o'clock lunch, her ice cream, nor her candy; neither shalt thou partake of them.
- IX. Thou shalt have certain hours for rest and these thou shalt take in well ventilated rooms.
- X. Thou shalt love, serve, and have Faith.

Impressions of the Convention¹

BY MILDRED HENNIS

School of Nursing, Memorial Hospital, Worcester, Mass.

I WAS affiliating at the Providence City Hospital when my Superintendent wrote that I was to speak in Boston, and that she was sure that I would be glad to do it. As I had never done anything of the sort, I felt that I would be almost grateful if I came down with the measles or chicken pox, but as I escaped both, I am here to give you very briefly my impressions of the Convention at Atlantic City.

On the trip we were impressed by the number of nurses, all breaking away from their various fields of work to attend these meetings, and we later noticed the earnestness and purpose with which they attended the sessions. As the week went by, there grew in us a

feeling of pride in our leaders and the principles and ideals they represented, and we were glad to be even a small part of the great body.

As students, we wanted to go to as many meetings as we could, taking in subjects that promised to give us the most material to take back with us. It is hard to say which of the meetings impressed me most, but I think one of the outstanding, from a student's point of view, was the "Symposium on Positive Health" with talks on "Periodic Health Examinations and their Follow-up"; "The Need of Positive Health from the Viewpoint of the Public Welfare Official"; "The Ultimate Goal of the Health Examination"; "Posture and the Health Examination" "The Nurse as a Teacher of Positive Health," and

¹Read at the Massachusetts State Nurses' Association, Boston, June 5, 1926.

"Psychiatry's Contribution to a Positive Health Program."

For what use is our knowledge of the care and prevention of disease if we do not possess healthy bodies and minds as examples of our aim?

The meeting of the Tuberculosis Nursing Section of the N.O.P.H.N. discussing "Tuberculosis Outlines for Student Nurses" was also very interesting, for when one is told that practically everyone has T.B. lesions at some time or other, the necessity of being able to recognize the earliest symptoms is realized. I think everyone agreed with the speakers that the actual care of persons infected is the best way to secure this training.

At the first General Session of the American Health Congress, the attendance of over 4,000 people was inspiring. Add to this such speakers as Dr. Frankel and Sir Arthur Newsholme and such vital topics as "Financing Health" and "Values in Public Health Work" and you can see why each session had the same large audience.

At the various meetings everything was made very clear, and discussions brought up many points and proved that those attending had come with very definite problems to solve. These discussions were very illuminating to me for I think when you are in training, you are so busy with the things of every day, that you forget to stand off and view things with perspective.

The smooth, even way in which the business meetings were managed and the attention given to detail, made one marvel. The last session of the National League of Nursing Education with the amendment of its by-laws was especially interesting and instructive, and no matter what situation arose, the

President always knew just how to handle it.

Just a word about the Steel Pier, where everyone spent much time, and could have spent a great deal more. There were booths where literature on any subject pertaining to nursing, health or disease could be found, as well as all of the things necessary to take care of the sick or the well, in the best possible way, ranging from thermometers and cod liver oil to nurses' outfits and the newest methods of refrigeration.

In all of the sessions the fact stood out that all nurses must be teachers and must be interested in the health of the public in order to do the maximum amount of good. We felt that we must study, and inspire others to study more diligently and more earnestly the problems that were brought up and that would very soon become *our* problems.



New Jersey's Midwives

UNIFORM teaching through supervision and through annual meetings are developing a real desire for recognition and dignity among midwives in New Jersey. Representatives of 11—or 100 per cent—of the county organizations attended the state meeting held under the direction of the Department of Health, in the State House, Trenton, on May 28. The reports indicated that the work is proceeding in a definite, uniform way and that the monthly county meetings are of direct and practical value. The program was at once practical and inspirational, action of the State Board of Medical Examiners in administering the law governing midwifery was explained by discussion of actual violations. Dr. Franklin B. Royer of the National Committee for Prevention of Blindness complimented the midwives on the splendid results of their work as revealed by a recent survey. Other speakers of national importance contributed to the program.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Ethical Problem I

A STUDENT nurse on night duty, whom we will call Nurse A, found she was unable to sleep during the daytime. After two weeks she asked to be taken off, and was refused by the Training School Office, who thought she was shirking her duty. The work was very hard and she felt as if she must get rest. Accordingly, she began to take sedatives on her own responsibility. The dose at first was Veronal gr. II. which soon increased to grs. V., and then to grs. X.qd. She was an intelligent person fully aware of the danger she was running. Her roommate, Nurse B, felt that something should be done, as the practice grew steadily worse. Nurse A became listless and stuporous and was unable to perform her nursing duties correctly.

Several ethical principles seem to be involved.

1. Duty to the patients—proper care was not being given.
2. Responsibility to the doctor who looked after the patients, his orders were not being conscientiously carried out.
3. The breaking of a strict hospital rule never to take drugs on duty, and never to take drugs on personal responsibility.
4. Destruction of the faith of the superintendent of nurses who delegates responsibility to the nursing group by this one particular student.

Various solutions might be offered.

1. That Nurse B tell the superintendent of nurses.
2. That the student government be in-

formed, and through this organization ask for an investigation.

3. That Nurse B tell the physician in charge of the nurses' health the facts of the case and have him recommend that she be taken off night duty. In this particular hospital the nurses were allowed to see this physician daily without sending a request for such interview through the training-school office.

This last seems to be the best solution, inasmuch as it is a health measure. When one is working under a strain, even the most intelligent people will do foolish things to obtain their ends. Nurse A felt that when she was refused permission to come off night duty she could not return to her superiors for help. This, of course, was most unfortunate and reflected directly on the personnel of the nursing staff. Under such conditions very grave mistakes could be committed regarding the nursing care of the patients which would be extremely serious. Again, a very bad habit was being established, and if the person involved, understanding the significance, refused to go to the physician herself, because of one rebuff, some intervention should take place.

(The suggested Code of Nursing Ethics has not helped me in the solution of this problem.—J. B.)

Addendum.—It seems to the reviewer that too much stress cannot be placed on the responsibility of the administrative officers of the school for accurate judgments in such cases. Far better run the risk of developing a shirker than a drug addict! If nurse A could not be induced to make a second request for relief nurse B should have taken the matter directly to the responsible person, the principal of the school.



Some References on Ethics

Sidgwick
Myers
Dewey and Tufts
Hobhouse
Westermarck
Heermance
U. S. Chamber of Commerce
Cox
Jesup
Robertson
Saunby

—History of Ethics.
—History as Past Ethics.
—Ethics.
—Morals in Evolution.
—The Origin and Development of Moral Ideas and Ideals.
—Codes of Ethics.
—Principles of Business Ethics.
—The Public Conscience—a Case Book in Ethics.
—The Professional Ideals of the Lawyer.
—Medical Conduct and Practice.
—Medical Ethics.

Our Contributors

The tentative Code of Ethics was prepared by the Committee on Ethical Standards of the American Nurses' Association. The membership represents each of the three national nursing organizations and thus the many aspects of nursing. It cannot too often be said that suggestions are earnestly desired, indeed the Committee cannot proceed with its work without them, as it has no desire to *impose* a code upon the Association. They should be sent to the Committee on Ethical Standards, American Nurses' Association, 370 7th Avenue, N. Y. C.

The program on Health Positive of the Women's Foundation for Health at Atlantic City attracted and held an overflow audience. The *Journal* presents with pride the paper, *The Nurse as a Teacher of Positive Health*, by Annie W. Goodrich, R.N., B.Sc. There is food for thought for a whole generation of nurses in her presentation of "the fundamental aspects of the problem."

Hilda Melching, R.N., is anaesthetist to the Polyclinic Section of the Graduate School of Medicine of the University of Pennsylvania and is also practical instructor in the subject. Her article tells the story of the patient effort many nurses contribute to medical progress. Far too few report their work!

Robert H. Ivy, M.D., F.A.C.S., is plastic surgeon to the Hospitals of the Graduate Schools of Medicine of the University of Pennsylvania.

The "home-made" standard for use in administering Glucose Solution is only one of many practical and economical devices used by the Columbia School of Nursing (Milwaukee), of which Delia H. Newton, R.N., is Principal, to facilitate the care of the sick.

Abby-H. Denison's practical discussion of eye and ear treatments, treatments to the most important of the organs of the special senses, is completed in this number.

We are sure the story of a day's public health work, as told by Mollie Pesikoff of the clerical staff of the East Harlem Health Demonstration will set many a reader a-thrill to the many-sidedness of public health nursing.

We are indebted to Jane M. Christensen and Bertha Finaley for telling *Journal* readers of one very successful method of developing an *esprit de corps* among special duty nurses.

Bertha M. Wood wrote the article on Diet in Constipation in response to a request for help from an industrial nurse. It is needless to say that we believe many nurses will be delighted with this concise discussion of an almost universal problem.

Jennie A. Manly, R.N., the alert Superintendent of Nurses of the Homestead Hospital, Homestead, Pennsylvania, is another of the friends who listened to our plea for practical suggestions.

Edme J. Taylor, R.N., (see Who's Who, August, '24) who is now Assistant Professor of Nursing, Yale University, organized and was for some years director of nursing at the Phipps Psychiatric Clinic, Johns Hopkins Hospital.

Edward A. Fitzpatrick, Ph.D., is Dean of the Graduate School of Marquette University. He is a member of the Committee on Grading Schools of Nursing.

Laura R. Logan, A.B., B.S., R.N., (see Who's Who, August '22) gives a restrained account of her own latest achievement in Distinguished Alliance and Gift to Nursing Education.



A New Service for Central Registries

IN April the Central Directory took on the Blood Transfusion Service of the Community Council of Saint Louis; that is the list of volunteer blood donors was given the Directory so the Hospitals would have a central place to call for them.

We now have a list of 54 volunteers, part of whom give blood "free"; they are of the four types under Moss and Jansky grouping.

Twenty-six calls have been filled in the nine weeks, serving five hospitals. Seven calls from four hospitals were unfilled because there was no available donor for the type and grouping needed.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A Banquet Suggestion

WHEN the Epworth Hospital Alumnae entertained the graduates, the President called attention to a screen which appeared as a huge magazine cover, inscribed "Epworth Realities." She explained that she wished to introduce to the alumnae a new magazine. The first page proved to be a paper by the editor, "The Nurse in Politics." The local color and humorous application provided much merriment. The next page was a humorous sketch by a private duty nurse, who packed a bag for an operation in the country as she had done several years ago. Another page showed a public health nurse making an infant welfare visit. After the nurse had overcome objections, the mother was induced to bring the baby to the clinic. A follow-up visit revealed that the mother could not change the food for three weeks, because a neighbor had told her it was "the wrong time of the moon." The radio page broadcasted news, letters and telegrams from alumnae members who could not be present. On page five, the office nurse endeavored to get a history from a patient, who was "miserable all over but didn't have pain in any particular place." Everyone was interested in the style page, which showed an outdoor uniform of 1895, a graduation uniform of 1903, a student nurse of 1912, and a flapper nurse of 1926. The last page consisted of a prophecy of the graduating class.

South Bend, Ind.

M. D.

Of Interest to British Nurses

I HAVE been asked to organize an offering from the nurses toward the National Memorial to Queen Alexandria. Their Majesties the King and Queen have approved that it should take the form of an endowment fund to the Queen Victoria Jubilee Institute, which is the only nursing organization of the beneficent operation of which touches every corner of the realm, a relatively small proportion of the money collected being devoted to a visible memorial to the revered Queen-mother, in the capitol of the Empire.

I have undertaken it, feeling that every member of the profession will consider it a privilege to be given the opportunity of sending her mite to this Memorial in memory of

her who, during her long life, endeared herself to everyone, not only by her graciousness and kindness of heart to those in sickness and distress, but by her special interest in nursing and the nursing profession.

After consultation with representatives of every branch of the nursing profession, all who are able to do so are asked to give at least one shilling.

All contributions should be sent to me at the following address.

MAUD MCCARTHY, *Hon. Organizer*,
58 Victoria Street,
London, S. W. 1.

Journals on Hand

Eliese Seictz, 426 S. Maple Street, Watertown, S. D., will send the following copies of the *Journal* to anyone sending postage: 1914, March through May and July through December; 1915, all; 1916, January through October; 1917, March through June and August through December; 1918, all; 1919, all; 1920, January through May and August through November; 1921, January, April, June, July, October through December; 1922, January through April and July through December; 1923, 1924, 1925, all.

Out of the Mail Bag

TO nurses like myself, working in a small town, the *Journal* is an inspiration, and as my work (industrial), keeps me from getting to many nurses' meetings, if it were not for the *Journal* I would feel like a back number.

Wisconsin

J. B.

To my mind, every nurse practicing or not, should be a reader of the *Journal*. Though we have graduated, we should never feel that we are beyond training. The *Journal* surely does continue to train you. Each number seems better than the one before.

Pennsylvania

R. M. B.

"Any one who saw the accident of a nurse who fell at the American Health Congress which was being held on the Steel Pier in Atlantic City, N. J., on morning of May 17, please communicate with Katherine L. Kottkamp, 4128 Lea Place, St. Louis, Mo."

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

15. Do you have any pamphlets on the injurious effects of alcohol?

Answer.—The World's New Day and Alcohol, and Alcohol in Experience and Experiment, prepared primarily for use by young people. Science and Human Life in the Alcohol Problem. All of the above are by Cora Frances Stoddard, Executive Secretary of The Scientific Temperance Federation, Boston, Mass.

16. What is the normal blood pressure?

Answer.—"The normal blood-pressure is as follows (Cabot): Systolic (blood is streaming into the arteries) 110-135 mm. Hg. The blood-pressure is less in women than in men and lower still in children—90-110 mm. Hg. and in children under two years 75-90 mm. It is usually higher in old age. In disease, for instance, in nephritis, it may be 200 mm. and more."—Bertha Harmer: Text-book of the Principles and Practice of Nursing, p. 164.

17. State all the enemata, the amount and proportions of each.

Answer.—It is not possible to answer this question in full in our limited space. Formulae vary, even for generally accepted types of enema. Enemata may be grouped as (1) Cathartic, or Cleansing; (2) Remedial, for

local effect; (3) Remedial, for general effect on the whole system; (4) Diagnostic.

Under (1) we find the simple saline solution, the simple soapsuds enema, the oil enema which may be six ounces of olive oil or it may be made up of olive oil, castor oil, and glycerine; medical purgative enemata, example, two to four drams of glycerine or ox-gall added to a soapsuds enema; also, saline cathartics as Epsom or Rochelle Salts may be ordered by rectum in either dilute or concentrated form. From four to six ounces of Rochelle or from one-half to four ounces of Magnesium Sulphate are usually prescribed. In this grouping, too, we find carminative enemata containing turpentine, turpentine and oil, alum, or milk and molasses. In (2) we find (Harmer's Principles and Practice of Nursing): (a) anthelmintic enemata of solutions of quassaia, tannic acid, or alum; (b) emollient enemata, usually made of starch with or without laudanum added. In (3) may be included the administration of fluids such as saline or glucose solution for general stimulation, the administration of either sedative or stimulating drugs. (4) Barium enemata are sometimes given to render the intestine visible in making an X-ray picture. (Goodnow, Technic of Nursing.)

Hourly Nursing

HOURLY nursing is a nursing service which is given by graduate registered nurses for cases of illness in homes where a full time nurse is not required.

It is useful when a doctor sends his hospital patient home; he may be assured that his written instructions will be carried out by the hourly nurse. Perhaps a bath, dressing, or hypodermic is all that is necessary, and this can be done in a short period of time.

The obstetrical patient may go home from the hospital a few days earlier, now that there is available an hourly nursing service which will provide morning care for the mother, bath for the infant, and the preparation of its food, when necessary. The hourly nurse can also give instructions to the mother, so that she may do this herself as soon as she has gained sufficient strength.

To the family in a small apartment hourly nursing is a boon, and a solution of the problem of necessary housing facilities and meals for the nurse.

It is an aid to the patient living in a hotel, where the housing problem is again confronted.

This service is designed not only to utilize the benefits of skilled nursing care to the fullest possible extent, but to provide a nursing service obtainable by everyone in need of special nursing care for a comparatively short period of the day.

Send calls to The Chicago Nurses' Club and Registry, 116 South Michigan Avenue, Chicago, Illinois. Telephone: State 8542.

—From a folder of the Chicago Nurse's Club and Registry.

NEWS

[Because of the many pages given to news, it has become necessary to cut down either the news items or the articles. The Journal Directors and the Editors believe the readers would rather have the news curtailed than the articles. For that reason, the Journal will not carry items relating to social events and after September 1 it will not publish marriage notices. District and alumnae associations are asked to send reports of their most important activities once in several months, instead of each month. Important notices will always be given space; full reports of state meetings are desired; and concise death notices will be carried.]

The American Nurses' Association

At the Biennial Convention of the American Nurses' Association held in Atlantic City in May, 1926, the By-laws of the Association were amended by adding under Article I a new section to be known as Section 5—

"A State Association which fails to comply with the requirements of these By-laws may be dropped from membership by unanimous vote of the Board of Directors provided due notice has been given at least three months before such a vote is taken."

The American Nurses' Association advises that State and Territorial Associations belonging to the American Nurses' Association add a similar clause for the district associations within their respective States or Territories.



Nurses' Relief Fund

This fund exists to help members of the American Nurses' Association who are ill and cannot pay all of their own expenses. The amount paid is based on the need of the applicant and rarely exceeds \$20 a month.

REPORT FOR JUNE, 1926

Balance on hand, May 31, 1926	\$22,296.22
Income from Jane A. Delano Trust	
Fund	40.00
Interest on bonds	62.13
Interest on bank balances	30.71
	<hr/>
	\$22,429.06
Alabama: T. C. I. Employees' Hosp. Alum. Assn., Fairfield	31.50
California: Districts 1, 2, 5, 7, 8, 9, 10, 12, 18, 19, 20 and one individual member	514.60
Colorado: One individual, Golden	1.00
Connecticut: St. Francis Hosp. Alum. Assn., Hartford	50.00
Louisiana: St. Mary's Hosp. Alum. Assn., Patterson, \$10; Hotel Dieu Alumnae, New Orleans, \$21.50	31.50
Maryland: One individual	10.00

Massachusetts: Westborough State Hosp. Nurses' Alumnae	10.00
Michigan: Grace Hosp. Alum. Assn., Detroit, \$3; Ann Arbor District, \$24; one individual, \$1.	28.00
Minnesota: Dist. 4, St. Paul's Hosp. Alum. Assn.	55.00
Montana: Dist. 5, \$28; Dist. 6, \$25	53.00
New Hampshire: St. Joseph's Hosp. Alum. Assn., Nashua	15.00
New Jersey: Dist. 1, St. Mary's Hosp. Alum. Assn.	15.00
New York: District 2, 26 individuals, \$26; Highland Hospital Alum. Assn., \$25; Dist. 3, Student nurses, St. Joseph's Hosp., Elmira, \$10; Dist. 9, Albany Hosp. Alum. Assn., \$25; Dist. 13, Mt. Sinai Hosp. Alum. Assn., \$25; Cochrane Tr. School Alum. Assn., Yonkers, \$25; one individual, \$5; Dist. 14, Long Island College Hosp. Alum. Assn., \$25.	166.00
North Dakota: State Nurses' Assn.	5.50
Ohio: Dist. 12, \$110; Dist. 13, \$25; Lakeside Hosp. Post Graduate School of Anesthesia Alumnae, Cleveland, \$10	145.00
Rhode Island: Student Nurses of Rhode Island Hosp., \$15; one individual, \$1	16.00
Virginia: State Nurses' Assn.	250.00
Washington: Grey's Harbour Nurses' Assn., \$10; Dist. 4, Spokane, \$83; Dist. 5, Walla Walla, \$39; Dist. 9, Everett, \$10.	142.00
	<hr/>
	\$23,968.16

Disbursements

Paid to 113 applicants	\$1,682.00
Salary	136.10
Check received from New York returned by bank	1.00
	<hr/>
	1,819.10
Balance on hand, June 30, 1926	\$22,149.06
Invested funds	101,554.64
	<hr/>
	\$123,703.70

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

A fund derived from voluntary contributions; used for granting scholarships.

REPORT TO JULY 8, 1926

Previously acknowledged ----- \$30,734.44

Receipts

Massachusetts: The Boston City Hospital Nurses' Alum., \$50; The Massachusetts State Nurses' Assn., \$50 -----	100.00
New Hampshire: Graduate Nurses' Assn. -----	5.00
Oregon: Dist. 3 -----	5.00
Rhode Island: Student Nurses, Rhode Island Hospital, Provi- dence -----	10.00
Vermont: State Nurses' Assn. -----	10.00
	<hr/> \$30,864.44

MARY M. RIDDLE,
Treasurer.



The McIsaac Loan Fund

REPORT TO JULY 8, 1926

Balance, June 10 ----- \$210.90

Contributions

Massachusetts: Boston City Hosp. Nurses' Alum., \$25; State Nurses' Assn., \$50 -----	75.00
New Hampshire: Graduate Nurses' Assn. -----	5.00
Oregon: Dist. 3 -----	5.00
Vermont: State Nurses' Assn. -----	10.00
July 8, 1926, balance -----	<hr/> \$305.90

MARY M. RIDDLE,
Treasurer.

The International Catholic Guild of Nurses

The annual meeting of the International Catholic Guild of Nurses was held in Chicago at Loyola University, June 14 to 17. The Catholic Hospital Association of the United States and Canada, of which the Guild is a section, held its eleventh annual convention at the same time. The program was arranged so that the evenings were devoted exclusively to the program of the Guild, while the morning and afternoon sessions were of a more general nature and were more specifically arranged for the members of the Catholic Hospital Association which is composed principally of hospital administrators, hospital technicians, physicians and the clergy, while the membership of the Guild is almost exclusively made up of nurses. The meeting was opened by an address by Kathryn McGovern, president of the International Catholic Guild of Nurses; Rev. E. F. Garesche, S. J., followed with a discussion of the International Catholic Guild stating very clearly and concisely the purposes of the Guild, laying special emphasis upon its educational program. Margaret Muckley, Minnesota, gave a very splendid paper on Nursing Organizations. Donelda Hamlin, Director of the Hospital Library and Social Service Bureau, spoke on the function of that Bureau and how the public could secure literature from the library. Tuesday evening was devoted exclusively to the business meeting of the Guild at which time the general body discussed the amendment of the constitution and by-laws, the educational program, and the method of election, salary, and duties of the executive secretary of the International Guild of Catholic Nurses. On Wednesday evening, the annual banquet was held in the gold room of the Palmer House. Over three hundred nurses were present. The special features of the banquet were speeches by the nurses and representatives from the Catholic Hospital Association and the nursing organizations of Illinois. In addition to this, a very interesting program was rendered by musicians of the city. The nurses' chorus from St. Bernard's Hospital sang several songs which added greatly to the pleasure of the evening. The final meeting was held on Thursday, at which time the following interesting and educational program was rendered: The Responsibilities of the Visiting Nurse, Edna L. Foley; The Grading of Schools of Nursing, E. A. Fitzpatrick, Ph.D., Marquette University; The

Best Insurance for Nurses, Meta Pennock. Sara Place and Evelyn Wood also contributed to the program. The program was concluded by a paper on Child Psychology for Nurses, by Robert A. Black, M.D., Loyola University, Chicago. Lydia O'Shea, of Chicago, was elected president and was selected to act as executive secretary of the International Guild for the coming year. The Guild has a membership of 904, distributed over 37 states, 5 provinces of Canada, and the European countries. Branches of the Guild have been established in 247 American cities.

Members of the Guild did splendid work at 13 First Aid stations during the Eucharistic Congress.



The National Association of Colored Nurses

The National Association of Colored Graduate Nurses will meet in Philadelphia, August 17-20. Headquarters will be at the Y. W. C. A., 1609 Catherine Street. The Executive Board will meet on Monday, August 16, at 8 p. m.



Army Nurse Corps

During the month of June, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieuts. Mildred P. Carter, Clara Moerk; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Mildred Slaughter, Sara A. McLoughlin; to station hospital, Fort Benjamin Harrison, Ind., 2nd Lieut. Ila Broadus; to station hospital, Fort Bragg, N. C., 1st Lieut. Grace E. Leonard, 2nd Lieuts. Sarah E. Holden, Annie J. Porter; to Fitzsimons General Hospital, Denver, Col., 2nd Lieuts. Mildred L. Johnson, Katherine C. Kocyan; to station hospital, Jefferson Barracks, Mo., 2nd Lieut. Marie L. Pace; to station hospital, Camp Lewis, Wash., 2nd Lieut. Florence Calvert; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Mary T. Manzer, Maybelle M. Wells; to station hospital, Fort Sill, Okla., 2nd Lieuts. Emily L. McLean, Helen T. Carey; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Grace E. Hill, 2nd Lieuts. Jane E. Wilson, Elsie G. Moyer, Joanna Peters, Anna L. Slater, Elizabeth A. Hagerty; to the Hawaiian Department, 1st Lieut. Elsie Neff, 2nd Lieuts.

Ella G. Neff, Minnie M. Black; to the Philippine Department, 2nd Lieuts. Catherine M. Gemeinhardt, Catherine Wolfe, Sara M. Schoenberger.

Eight have been admitted to the corps as 2nd Lieuts.

The following named, previously reported separated from the service, have been reappointed with station as indicated: 2nd Lieut. Dorcas Churchill Avery, Letterman General Hospital; 1st Lieut. Clara E. Ellwanger, station hospital, Fort Sheridan, Ill.

The following named are under orders for separation from the Army Nurse Corps: Gladys Coon, Bessie G. Day, Gertrude Donnelly, LaVerne H. Fitzgerald, Aurelia M. Gagnon, Beulah M. Gumm, Marvel M. McGinnis, Helen E. Miles, Ora L. Mitchell, Zoe Lee Priestner, Jeannette E. Robinson, Inez L. Storm, Caroline M. Maertz.

Second Lieut. Sarah M. Hepburn, Nurse, Army Nurse Corps, who was retired from service on July 18, 1926, is the first nurse to benefit under the bill passed by the last Congress for retirement of members of the Army and Navy Nurse Corps.

Deaths, among members of the corps, have been reported as follows: Second Lieut. Sophia Hodstad, died at Fitzsimons General Hospital on June 21, 1926; 2nd Lieut. Ivey Smith, died at station hospital, Fort Sam Houston, Texas, on June 20, 1926.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.



Navy Nurse Corps

'REPORT FOR JUNE

Appointments: Nine.

Transfers: To Boston, Mass., Elizabeth M. Hewitt, Chief Nurse; to League Island, Pa., Aubrey E. Heinbaugh, Rosemary E. Lanchan; to Mare Island, Calif., Anna A. Reimers; to Newport, R. I., Elizabeth H. Crothers; to New York, N. Y., Helen L. McKenzie, Chief Nurse; to Norfolk, Va., Mary P. Young, Henrietta Wiltzius; to Parris Island, S. C., Mary M. Maxey; to Pearl Harbor, T. H., Mary G. Boyce; to Philadelphia, Pa., Helen A. Russell, Chief Nurse; to Portsmouth, N. H., M. Alice Roach; to Port au Prince, Haiti, Edith Burgess; to Tutuila, Samoa, Isabelle M. Leininger; to U. S. S. Relief, Anna Frances Patten, Lillian LeSieur; to University of

American Association of Psychiatric Social Workers

The Section on Psychiatric Social Work of the American Association of Hospital Social Workers formally disbanded at its fourth annual meeting held at Cleveland on May 26, 1926, and a new independent organization, the American Association of Psychiatric Social Workers was formed. Mrs. Maida H. Solomon of Boston is President and Kathleen Ormsby, National Committee for Mental Hygiene, New York, is Secretary-treasurer.



United States Civil Service Examinations

Examination for the positions of graduate nurse, for graduate nurse (visiting duty) and for trained nurse (psychiatric) will be held by the U. S. Civil Service Commission. For details regarding the services and the examinations, address the U. S. Civil Service Commission, Washington, D. C.



International

Among the graduates from the course in Public Health Nursing of the International Courses, Bedford College, London, was one nurse from the United States,—Hilda Fletcher.



Summer Schools or Institutes

Minnesota: INSTITUTE FOR INSTITUTIONAL NURSES.

Date: September 2, 3 and 4, 1926. The first session to begin at 9 a. m.

Place: Lecture Hall, St. Mary's School of Nursing, Rochester, Minnesota.

Subjects: Hospital Administration, Methods of Teaching, Actual Classes, Clinics.

The Institute is specially planned for nurses working in small hospitals, but it will be of interest and afford help to those in large institutions. All nurses are invited.

There will be no registration fee.

If you expect to attend the Institute, please send a postal card to the Minnesota State Board of Examiners of Nurses, St. Paul.

AUGUST, 1926

Commencements

CALIFORNIA:

St. Vincent's Hospital, Los Angeles, a class of 12, on May 12, with an address by Father M. O'Malley, C.M., D.D.

ILLINOIS:

Swedish-American Hospital, Rockford, a class of 10, on June 25, with an address by O. W. Tulisalo, M.D.

INDIANA:

St. Mary's Mercy Hospital, Gary, a class of 6, in June, with addresses by Rev. Francis Wenninger, C.S.C., and Maurice Rosenthal, M.D.

IOWA:

Mercy Hospital, Davenport, a class of 10, on June 2.

St. Anthony's Hospital, Carroll, a class of 15, on June 8, with an address by Rev. George Wessling.

St. Luke's Hospital, Davenport, a class of 7, on June 10.

MASSACHUSETTS:

Worcester State Hospital, Worcester, a class of 9, on June 24, with an address by Arthur McGugan, M.D.

MICHIGAN:

Battle Creek College, Battle Creek, a class of 41, on June 15.

MINNESOTA:

Mounds Park School of Nursing, St. Paul, a class of 27, with addresses by Rev. Earl V. Pierce, Edward Ostergren, M.D., and Florence L. Conant.

NEW JERSEY:

Paterson General Hospital, Paterson, a class of 5, on May 26, with an address by Dr. J. Stewart.

NEW YORK:

Booth Memorial Hospital, New York, a class of 9 attendants, on June 14, with an address by Mrs. W. M. Turnbull.

The House of the Good Samaritan, Watertown, a class of 21, on June 29.

Leonard Hospital, Lansingburgh, Troy, a class of 6, on June 24, with addresses by Hon. M. Vincent Ryan and R. H. Irish, M.D.

RHODE ISLAND:

Newport Hospital, Newport, a class of 12,

on June 13, with an address by Hon. Theodore Francis Green.

WISCONSIN:

Methodist Hospital, Madison, a class of 6, on May 26.

St. Joseph's Hospital, Ashland, a class of 6, on May 20, with addresses by Rev. Father Fabian, O.F.M., and William Shea.



State Boards of Examiners

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, September 14-16, to examine nurses for a license to work in Colorado. Apply to Secretary, Louise Perrin, Capitol Building, Denver.

Indiana: The officers of the INDIANA BOARD OF NURSE EXAMINERS are: President, Anna M. Holtman, Lutheran Hospital, Ft. Wayne; secretary, Lulu V. Cline, Room 421, State House, Indianapolis. The dates for the next examinations were set for October 29 and 30.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS of Nurses will hold examinations on September 9, 10, and 11, and on December 2, 3, and 4, at 9 a. m., at the New State Capitol, in St. Paul; at St. Mary's Hospital, in Duluth; at St. Mary's Hospital, in Rochester; and at St. Vincent's Hospital, in Crookston. Nurses who complete the course on or before October 1, 1926, may take the examination in September. Those who complete the course on or before February 1, 1927, may take the examination in December. There will be no examination in October this year. Applications accompanied by the fee of \$15 must be in the hands of the Secretary, Dora M. Cornelisen, 204 State Capitol, St. Paul, at least two weeks before the date set for the examination.

Texas: THE TEXAS BOARD OF NURSE EXAMINERS met in Dallas, June 12. The following are the officers: Chairman, Ruby Buchan, Temple; secretary-treasurer, Mary Grigsby, 1305 Amicable Building, Waco. Ruby Buchan of King's Daughters' Hospital, Temple, and Lena Thomas of Cantrell Hospital, Greenville, have recently been appointed to the Board to succeed L. Jane Duffy and Helen H. Lehmann.

State Associations

NOTICES AND REPORTS

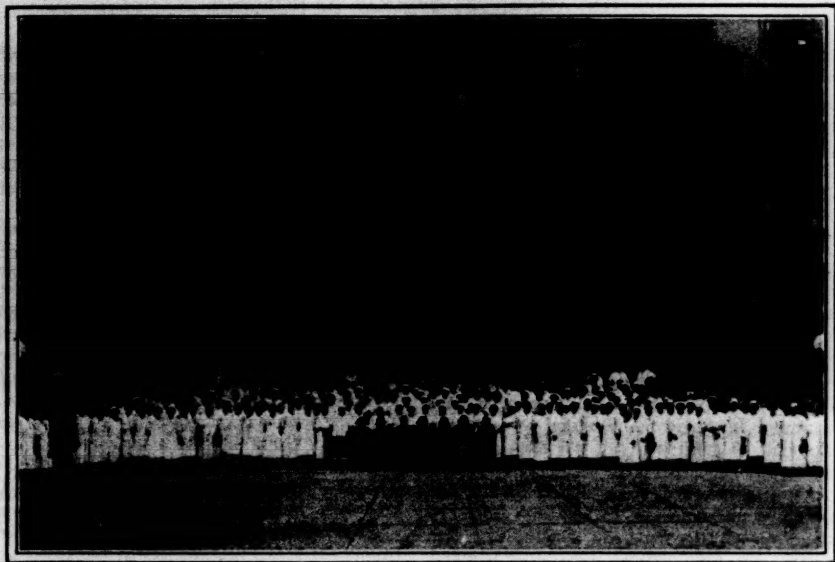
Delaware: The Spring meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held at the home of Mrs. Allen Speakman, Claymont, on June 17. The business meeting was called to order at four-thirty and was largely attended. This was followed by a supper and a musical program.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION will hold its annual convention in the Chase Hotel, St. Louis, October 25-27. A teaching institute will be held in connection with it, under the auspices of the State League, lasting for one week. The History of Nursing in Missouri has been completed and is selling for \$2.

North Carolina: THE NORTH CAROLINA STATE MEETING FOR COLORED GRADUATE NURSES was held in Greensboro, in May. The next meeting will be held in High Point, May, 1927.

Rhode Island: Two hundred nurses, from all parts of the State met on the lawn of the Rhode Island Hospital on June 24, for combined all-day sessions of the State Nurses' Association, the State League of Nursing Education and the State Organization for Public Health Nursing, membership in each of which was largely inter-related. Following the business sessions of the three groups in the morning, the members were guests of the Rhode Island Hospital at a luncheon served on the lawn. In the afternoon, addresses on different phases of nursing work were given. Anna McGibbon spoke on Nursing Education. Nellie Dillon took General Public Health Nursing as her subject, while Industrial Nursing was the topic of Catherine O'Connell. Other speakers were Dr. Ellen Stone on Child Welfare, Mrs. Austin Leavy on Lay Members, Elizabeth Sherman on Red Cross and Registries, and Thelma Selfridge on Private Duty. Mary S. Gardner read an address delivered by Janet Geister at the Atlantic City convention recently, Hearsay and Facts in Private Duty Nursing. This paper was discussed with the private duty nurses present.

South Carolina: THE SOUTH CAROLINA STATE GRADUATE NURSES' ASSOCIATION held its annual meeting April 21-22, in Anderson. The following are the officers for the ensuing year: President, Mary Gullede, Columbia; secretary, Ethel Blair, Columbia Hospital, Columbia. The secretary of the Board of Nurse Examiners is A. Earl Boozer, M.D., Columbia.



THIRD ANNUAL CONFERENCE OF THE MIDWIVES OF NEW JERSEY. TAKEN ON THE STEPS OF THE STATE HOUSE, THE GOVERNOR OF NEW JERSEY IN THE CENTER OF THE GROUP

Texas: THE GRADUATE NURSES' ASSOCIATION sent \$100 toward the Nurses' Memorial window in the Cathedral of St. John the Divine.

Washington: THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION held its meeting June 17-19, in Everett. The following officers were elected for the coming year: President, Carolyn Davis, Seattle; secretary, Cora Gillespie, Room 4, Y. W. C. A., Seattle. The Chairman of the Committee of Nurse Examiners is Marjorie Thornton, Seattle; secretary, May Mead, Normal School, Bellingham.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Madison, October 11-13.

Wyoming: THE WYOMING STATE NURSES' ASSOCIATION held its annual convention in Wheatland, June 25-26, with headquarters at the Wheatland General Hospital. Special sessions were held by the Training School Supervisors, Public Health Nurses, and School Nurses. A report of the Biennial and the Health Congress was given by Edith J. L. Clapp, Field Secretary of the American Nurses' Association. The regular business was transacted the morning of the first day. A very enjoyable picnic was held at the Bard-Arrow

Ranch, with Dr. and Mrs. Phifer as host and hostess. The second day was given over to old and new business and the election of officers for the coming year. The officers are: President, Elizabeth Shellabarger, Cheyenne; secretary, Mrs. Reba C. Parnell, Cheyenne. The Secretary of the Board of Nurse Examiners is Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne. A buffet dinner followed by a musicale concluded the program, which was much enjoyed.



District and Alumnae News

Alabama: **Montgomery.**—ST. MARGARET'S HOSPITAL organized an alumnae association, on June 11, at the hospital, with an enrollment of thirty-three.

Colorado: Mrs. Myrna Boyd Williams, formerly an active worker in the Wyoming State Nurses' Association, is now holding a position in the Greeley Hospital, Greeley.

Connecticut: **Norwich.**—Kathleen A. Dowd, Superintendent of the Training School for Nurses and Matron of the Wm. W. Backus Hospital, for the past fourteen years, has resigned her position for a much needed rest. As she entered training at this hospital in 1907,

she has been connected with it for eighteen and one-half years.

Illinois: Chicago.—THE ALBERT H. WOLF SCHOLARSHIP LECTURES of the Visiting Nurse Association for 1926 were given by Philip L. Riley, June 2-11, on The Use of Statistics in Public Health Nursing.

Iowa: Carroll.—ST. ANTHONY'S HOSPITAL ALUMNAE ASSOCIATION held a very successful annual meeting in the Nurses' Home, June 8. Twenty-nine members were present. The following officers were elected for the coming year: President, Mrs. H. H. Hillmer; vice president, Sister M. Deodata; treasurer, N. Warnke; secretary, Sister M. Corona. The fifteen members of the graduating class were admitted as members. **Marshalltown.**—THE FOURTH DISTRICT held its quarterly meeting at the Deaconess Hospital, on June 14. About thirty-five members were present and a fine program was enjoyed. A splendid report of the National Convention in Atlantic City was given. On April 21, the Deaconess Hospital dedicated a fine new addition, nearly doubling the capacity of the house, and adding a hydrotherapy department to the institution.

Kansas: Topeka.—THE CHRIST HOSPITAL ALUMNAE ASSOCIATION held its annual meeting June 5, electing the following officers: President, May Palmatier; vice presidents, Mrs. Nellie Bokemier and Ethel Conaway; secretary, Mrs. Vere Cooper; treasurer, Anna Kidd.

Kentucky: Louisville.—Monthly meetings of the Alumnae of the Jewish Hospital have been held each second Friday at the Bernheim Nurses' Home, except the June meeting which was changed because of the date of the State meeting. There are 42 resident members; 22 non-resident, and 3 honorary. A parliamentary law class was started in February. There have been interesting speakers at most of the meetings. \$10 was donated to the Community Chest. An interesting report of the national meetings was given by Miss Finney. Officers elected in June are: President, Anna L. Finney; vice president, B. Walker; secretary, Nellie Hatchett; treasurer, Anna Peal.

Massachusetts: Lowell.—Ella L. Richardson has resigned her position at the Lowell General Hospital to become Superintendent of Nurses of the Knox County General Hospital, Rockland, Maine. **Quincy.**—The new building of the Quincy City Hospital was opened for inspection on June 25.

Mississippi: District 1 at its recent meeting, in McComb, elected the following officers: President, Mayme B. Lynch, Columbia; vice president, Violet Crook, Magnolia; secretary, Mrs. S. T. Ford, Columbia; treasurer, Ora Burris, McComb. The next meeting will be held in Columbia. The District comprises five counties, with thirty members.

New Hampshire: Concord.—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE ASSOCIATION held its regular meeting, June 4, at the Nurses' Home. It was voted to send \$25 to the Nurses' Relief Fund. Services followed in memory of the nurses who served in the World War, when a beautiful engraved plaque was unveiled in front of the Nurses' Home, which was especially decorated for the occasion. Gov. John G. Winant attended the exercises and spoke briefly. **Manchester.**—The Alumnae Association of the Eliot Hospital met at Barton's auditorium, in June, when it was voted to contribute \$300 toward the equipment of the new nursery at the Hospital. Plans were also made for a food sale to be held in the fall and a rummage sale in the spring. The members also voted to contribute \$5 to the Manchester Chapter of the Red Cross. Nine new members were received into membership.

New Jersey: East Orange.—The new Homeopathic Hospital of Essex County is expected to be completed for occupancy by September, rather than July, as previously announced.

New York: New York.—On June 15, Fordham University conferred the degree of Bachelor of Laws upon Mrs. Christine R. Kefauver, a graduate of St. Mary's Hospital School for Nurses, Brooklyn, class of 1903. She was for six and one-half years Acting Supervisor of Industrial Hygiene of the New York City Department of Health, and Chief of the Division of Lectures for that Department. **Ogdensburg.**—THE SIXTH DISTRICT held its quarterly meeting, July 7. Dr. J. A. Pritchard spoke on the Activities of the Mental Clinics in the District. Mrs. Theodore Barnette gave a most interesting talk on Public Health Nursing in Poland, from which country she recently returned.

North Carolina: Asheville.—DISTRICT No. 1 has enjoyed an unusually interesting series of monthly meetings recently. There has been a marked increase in attendance. In March, the President, Mary P. Laxton, entertained the nurses at the home connected with

Biltmore Hospital. After a short business session, a number of films obtained from National Headquarters were displayed, showing the history of nursing. In April, Laura Nell, supervising nurse of the Veterans' Bureau Hospital, in Oteen, invited the Association to the recreation hall. About fifty guests were present. May, being the anniversary of Florence Nightingale's birth, a suitable program was arranged. Fanny V. Andrews gave an interesting sketch of Florence Nightingale's life; Louise Guffin read the Florence Nightingale Pledge; Mary Rose Batterham recited Santa Filomena, by Longfellow; J. Wolfe Turman, a pupil nurse, sang "The Son of God goes forth to War." The June meeting was entirely devoted to business. A number of parties, and sales were held during the year, to raise money for the Club House. The Association is also paying for a lot, hoping eventually to put up a building of its own.

Oregon: Portland.—At the fifth convocation of the Portland School of Social Work of the University of Oregon, five nurses were among the graduates, two of them receiving Bachelor's degrees.

Pennsylvania: Pittsburgh.—*The Stethoscope*, the handsome year book of the class of '26, is the first annual put out by the 40-year-old School of Nursing of the Allegheny General Hospital.

Rhode Island: Providence.—At the May meeting of the RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION, Blanche MacVicar, the student nurse who was sent to the convention in Atlantic City, by the Association, gave her impressions of the convention. ST. CAMILLUS GUILD FOR CATHOLIC NURSES held its Third Annual Retreat at the Academy of the Sacred Heart, June 17-20. The following officers were elected: President, Alice O'Rourke; vice president, Margaret Carberry; secretary, Leona Connolly; treasurer, Catherine O'Connell. **Woonsocket.**—The new Woonsocket Hospital was opened last month. It is a modern, well equipped, three-story building, containing 105 beds. At the last meeting of the Alumnae Association, held at the Nurses' Home, it was voted to furnish a private room in the new building.

South Dakota: Madison.—THE ALUMNAE ASSOCIATION OF THE NEW MADISON HOSPITAL held its annual meeting, June 1, at the Hospital. The following officers were elected for the coming year: President, Minerva Olabo; vice president, Olinda Schrepel; secre-

tary and treasurer, Beatrice Blinkinsop. **Mitchell.**—On June 2, the Alumnae Association of the METHODIST STATE HOSPITAL, elected the following officers: President, Matilda Boeke; vice president, Gertrude Shryock; secretary-treasurer, Mrs. Walter Koch. **Sioux Falls.**—THE SECOND DISTRICT ASSOCIATION at its recent meeting elected the following officers: President, Lelia Rowley; vice president, Rose Grambsch; treasurer, Mrs. Mabel Anderson; secretary, Minerva Olsbo.

Vermont: Special nutrition work under the supervision of the Red Cross is being contemplated by Rutland, Proctor, Burlington, Waterbury, and Montpelier. Helena Pembroke of Montpelier has recently been engaged as field worker for the Vermont Tuberculosis Association.

Wisconsin: Eau Claire.—The annual meeting of the Eau Claire League of Nursing Education was held June 15, when Millie Jacobsen was elected Chairman. **Kenosha.**—THE FIRST DISTRICT held its annual meeting May 11, electing the following officers: President, Laverne Gamble; secretary, Albertine Johnson; treasurer, Minnie Rehm. **Madison.**—The officers for the Third District for the coming year are: President, Grace Crafts; secretary, Myrtle Reiser; treasurer, Maud Sager. Florence Clever, a graduate of the Augustana Hospital, Chicago, has accepted the position of clinic nurse at the Neff Davis Bower Clinic. The Wisconsin General Hospital Nurses' Home is completed with accommodation for about 64 nurses. The furnishings are very beautiful and much thought has been given to the welfare and comfort of the student body.



Marriages

Eva Becker (class of 1922, Jewish Hospital, Louisville, Ky.) to Mathew Cassin, in May.

Vera G. Bray (class of 1922, Christ Hospital, Topeka, Kansas) to Earl Wymer, on June 24. At home, Emporia, Kansas.

Bertha A. Bryant (class of 1913, Rhode Island Hospital, Providence, R. I.) to George A. Miller, on June 12. At home, Grand Island, Neb.

Lydia Dau (graduate of the Lutheran Hospital, St. Louis, Mo.) to Rev. Edward Saleska, on June 14. At home, Alberta, Canada.

Irene Frances Delaney (class of 1925, Union Hospital, Fall River, Mass.) to Joseph E. Gross, M.D., on June 21. At home, Fall River.

Dolores Demake (class of 1923, University Hospital, Ann Arbor, Mich.) to Clarence Creego, M.D., on June 12. At home, St. Louis, Mo.

Benlah Elder (class of 1920, Washington University School of Nursing, St. Louis, Mo.) to R. K. Andrews, M.D., in June.

Mary B. Feldhake (class of 1919, St. Joseph's Hospital, St. Paul, Minn.) to Chester M. Iverson, on July 3. At home, Montevideo, Minn.

Mary Willett Ford (class of 1921, Jewish Hospital, Louisville, Ky.) to Mr. Fowler, on July 1.

Louise Gaither (class of 1925, The Baroness Erlanger Hospital, Chattanooga, Tenn.) to H. M. Austin, on June 5. At home, Chattanooga.

Helen M. Gorman (class of 1921, St. Joseph's Hospital, Providence, R. I.) to Gordon Jones, on June 2. At home, Providence.

Mary Iverson (class of 1926, St. Joseph's Hospital, St. Paul, Minn.) to Lloyd Austerbe, on June 5.

Ruth Jackson (class of 1923, Hillman Hospital, Birmingham, Ala.) to Elmer Baughns, on June 6. At home, Dothan, Ala.

Stella Kasper (class of 1920, Mercy Hospital, Davenport, Iowa) to John Dana, on June 19. At home, Davenport.

Elizabeth Leech (class of 1918, Union Hospital, Fall River, Mass.) to John McCarthy, on June 14. At home, Fall River.

Mary C. Lewis (Reserve nurse, U.S.N.) to Herbert S. Fleming, on June 24. At home, St. Croix, V. I.

Eva Morris (class of 1924, Washington University School of Nursing, St. Louis, Mo.) to Jack Thomas, in June.

Alice Ann Most (class of 1923, Buffalo Homeopathic Hospital, Buffalo, N. Y.) to Lieut. Harry Polhamius, on June 30. At home, Fort Wayne, Ind.

Helen Elizabeth Mraz (class of 1923, St. Mary's Hospital, Duluth, Minn.) to Albert Joseph Bittner, on June 26. At home, Anoka, Minn.

Edith Oehler (graduate of the Lutheran

Hospital, St. Louis, Mo.) to Rev. H. Weselch, on June 16. At home, Carlos, Minn.

Josephine Pendleton (class of 1919, Jewish Hospital, Louisville, Ky.) to James Jarrett, in May.

Josephine Reegan (class of 1925, Mercy Hospital, Davenport, Iowa) to Archie Welsh, on June 19. At home, Rock Island, Illinois.

Mrs. Elizabeth S. Reid (class of 1921, St. Vincent's Hospital, Birmingham, Ala.) to Clarence Leigh Pegues, M.D., on May 22. At home, Marion, Ala.

Katherine Roach (class of 1919, St. Joseph's Hospital, St. Paul, Minn.) to Thomas O'Toole, on June 28. At home, South St. Paul, Minn.

Isabel Rountree (class of 1913, Protestant Episcopal Church Hospital, Philadelphia, Pa.) to H. Gregory Berg, on June 28.

Emma Schallenberg (graduate of the Lutheran Hospital, St. Louis, Mo.) to Charles Hesi, on May 7. At home, Alhambra, Ill.

Lena Schmidt (class of 1920, Axtell Hospital, Newton, Kansas) to John R. Wohlgenuth, on May 30. At home, Hillsboro, Kansas.

Alberta B. Sellers (class of 1925, Clearfield Hospital, Clearfield, Pa.) to Howard McKendrick, on June 5. At home, Clearfield, Pa.

Marjorie Esther Simpson (class of 1916, Metropolitan Hospital, New York City) to Edwin Franklin Strang, on July 10. At home, Peekskill, New York.

Nora C. Skaar (graduate of the Norwegian American Hospital, Chicago, Illinois) to Selmer L. Rorge, on May 26. At home, Madison, Wis.

Bessie Virginia Stone (class of 1924, El Reno Sanitarium, El Reno, Okla.) to R. W. Brown, on June 3. At home, Tulsa, Okla.

Elizabeth Emma Stroebel (class of 1923, Mt. Sinai Hospital, Milwaukee, Wis.) to Mark Frederick Zehner, on May 20. At home, Gary, Ind.

Lajla Theodora Towly (class of 1919, Swedish Hospital, Minneapolis, Minn.) to Herman T. Olson, on May 10.

Regina Van Gaal (class of 1923, St. Joseph's Hospital, St. Paul, Minn.) to Michael Harrington, in June.

Mrs. Genevieve Smith Walters (class of 1921, Mt. Sinai Hospital, Milwaukee, Wis.) to

Harry Underberg, on June 12. At home, Wauwatosa, Wis.

Gertrude Anna Weber (class of 1920, Lenox Hill Hospital, New York City) to Philip T. Wagner, on June 30. At home, Leonia, N. J.

Ruth Weber (class of 1920, Jewish Hospital, Louisville, Ky.) to Franklin Walker, M.D., in May.



Deaths

Mrs. Mildred E. Beers, on June 11, in Oil City, Pa.

Mary C. Gillispie (class of 1907, Charity Hospital, New Orleans, La.) on June 11, after a two weeks' illness. Miss Gillispie had been in poor health for several months, but her death was unexpected, and came as a shock to her many friends. Miss Gillispie was President of the Louisiana State Nurses' Association for a number of years, and at the time of her death was Chairman of the Legislative Committee and Parliamentarian for the New Orleans District Association. She was a faithful and interested member of the Charity Hospital Alumnae. Miss Gillispie was a woman of strong character, a natural leader, possessed fine executive ability and had a brilliant mind. She was a wonderful example in nursing ideals, and a great loss to the nurses of Louisiana, who turned to her for guidance and advice in nursing problems. Burial was her home in St. Hilaire.

Mrs. Nellie McNeill Gorman (class of 1912, Jewish Hospital, Louisville, Ky.) in May, in Los Angeles, Calif.

Nora Johnson (class of 1919, Swedish Hospital, Minneapolis, Minn.) suddenly, on May 19, in St. Hilaire, Minn., of pneumonia. Miss Johnson served for some time as Assistant Superintendent of Nurses at the Swedish Hospital. Because of ill health she had to resign her position two years ago and return to her home in St. Hilaire.

Elizabeth L. Parker (Farrand Training School, Detroit, Michigan) on June 27. Miss Parker was well loved by the Michigan nurses and they proved it by nominating her some months ago for the *Journal's* Who's Who. It was unfortunately not Michigan's turn and now—we grieve because she is dead without having seen that evidence of her colleagues' affection! Miss Parker was a native of the state in which she spent most of her life. Upon the foundation of a high school course and experience as a grade teacher and assistant state librarian, she built a sound professional structure. After graduating from the Farrand Training School (Harper Hospital), Miss Parker took postgraduate courses in administration and in the care of women and children and became the first superintendent of the Children's Free Hospital of Detroit. She was superintendent also of the Lansing City Hospital and matron of the Michigan School for the Blind. Miss Parker was one of the first nurses of the country to do hourly nursing (1897-1901), in Michigan and Colorado. She did public health nursing for the Metropolitan, was field nurse of the tuberculosis survey of the Michigan Department of Health and of the Extension Department of the Michigan Agricultural College. At the time of her retirement in 1922 she was Executive Secretary of the Michigan Tuberculosis Association. Miss Parker was richly endowed with social graces which in addition to a forceful personality made her a leader in her alumnae and in the State Association. It was while she was President of the Michigan State Association that the registration law was passed, in 1912. By her death, Michigan nurses have lost a stalwart champion and a devoted friend.

Ethel M. Roher (class of 1926, Kensington Hospital for Women, Philadelphia, Pa.) after an operation. Her many friends mourn her untimely death.

Eula Mallory Wilton (class of 1917, House of the Good Samaritan, Watertown, N. Y.) in June, in Detroit, Mich., after a short illness.



Proceedings (including papers) of the biennial convention of the American Nurses' Association, may be obtained from the office of the Association, 370 7th Ave., New York, N. Y. Price \$25.

About Books

SIMPLIFYING MOTHERHOOD. By Frank Howard Richardson, M.D. G. P. Putnam's Sons, New York. 263 pages. Price, \$1.75.

THIS book is a poser for a nurse! It is written with such insight, such sincerity, and it is so practical and convincing, one wants to herald it from the housetops as the very book that every nurse and every mother should abide by. Unhappily, that is exactly what we cannot do except with reservations. But we do urge nurses and mothers, one and all, to read this book and ponder upon it. Two principles in connection with baby care are so dinned into the minds of nurses that they almost mumble them in their sleep. One is that every baby, sick or well, should be under medical supervision and the other is that everything a nurse does, teaches or advises shall be absolutely faithful to the ideas of the doctor in charge of her patient or patients. This is, of course, exactly as it should be, for the whole structure of health or sick nursing would crumble if the plans for prevention and cure laid down by the medical profession were not loyally supported by the nurses. All this being the case, we look with real wistfulness at the simple, convincing teaching in Dr. Richardson's book for we'd like to follow his call. But we cannot, because so much of it runs counter to the theory and practice of the doctors directing most of our work. For example, the really well trained, conventional and obedient minded nurse almost swoons as she reads that "percentage feeding" and "caloric feeding," along with barley water and lime water, are all wrong, since only simple boiled dilutions of milk and water, with sugar added, are all that any well regulated baby needs;

that no baby, left to his own devices, will feed too much; that "five, six or even seven stools a day" may be normal and therefore not to be regarded as diarrhoea any more than the baby's failure to have a bowel movement for twenty-four to thirty-six hours is evidence of constipation. The foundations of the nurse's convictions about infant feeding sway just a little when she reads further, in connection with colic, that there virtually "ain't no such animal" except in such surgical conditions as appendicitis, intussusception, etc., and that anger, fright, shock and the like in the nursing mother do not so alter the breast milk as to give the baby distress and that "we may tell nursing mothers they need not bother with either orange juice or cod liver oil at all unless they wish to do so." However we may agree with Dr. Richardson in our heart of hearts, we cannot follow these precepts until our doctor directors say the word.

But when we come to actual nursing procedures, there is much priceless guidance and instruction for the entire sisterhood of women who are caring for babies, either their own or some one's else. The descriptions of the baby's clothes, bath and general care are so sane, so sincere, kindly and practical, that one would like to have every baby guardian study and adopt them to the last detail. As for the chapters on breast-feeding, discussing as they do the mother's care of herself, the technic of nursing and expressing breast milk, the principles of nutrition, weaning and complementary feeding, they are so fundamental, so life-giving in their teaching that if there were nothing else in the book these chapters alone would make it immeasurably valuable to any one—nurse or mother—engaged in infant care.

Poser though it be, this is quite the most delightful and impressive book on motherhood that this reviewer has ever read.

CAROLYN CONANT VAN BLARCOM.

New York

THE COST OF A PROGRAM OF HEALTH ACTIVITIES WITH SPECIAL EMPHASIS ON PUBLIC HEALTH NURSING. 27 pages. East Harlem Nursing and Health Demonstration, 354 East 116 St., New York. Price, 25 cents.

THE East Harlem Nursing and Health Demonstration has two features that differentiate it from other Demonstrations.

The *first* peculiarity of the East Harlem Demonstration is that it represents an amalgamation, in a single section of the city, of the work of three voluntary nursing and health agencies, Henry Street, Association for Improving Condition of the Poor, and Maternity Center Association, with a program that has been enriched and broadened to include all phases of educational health work for children below school age; *second*, it is a demonstration, the primary purpose of which is to study the public health nursing needs of the community. The medical program has been developed in response to the needs of the workers in the field for medical examination services, which is a distinct reversal of the usual procedure in which medical services are first established with a nursing staff to man the clinics and stabilize attendance by means of home visiting to clinic attendants.

An outcome of the experience of the demonstration was the generalization of all field activities. The cost study is based upon the actual time spent in the various activities over a complete year, including medical conferences—pre-natal, infant, pre-school; nursing and nutrition classes and health clubs; auxiliary activities such as dental work and pos-

ture training; and the home visiting services.

A staff of 22 nurses made 45,756 home visits during the year; the attendance at clinics, classes and clubs was about 9,940. It will be seen that the ratio between clinic attendance and home visits was 1 to 4 or 5, a significant fact to be considered when starting new health examination services.

Seventy-eight per cent of the total budget was spent in the field work and 22 per cent in the services rendered through clinics, classes and clubs. The demonstration, with a per capita expenditure of \$1.50 for a population unit of about 40,000, reached over 35 per cent of the population.

The largest percentage—24.3—of the budget was spent in the maternity service; the next highest amount—22.7—went to the health supervision of the pre-school child; with the infant service third in expenditure; and bedside nursing fourth.

All who are interested in the establishment and maintenance of nursing and allied health services should be interested in the report of this study, which considers the cost of the respective services in terms of home visits, attendance at clinics, classes, clubs, etc., in terms of direct and indirect costs.

Professor R. E. Chaddock of the Department of Statistics at Columbia University, has written the foreword to the study; Mr. Homer Folks, Chairman of the Governing Board, has outlined in the introduction the aims and purposes of the demonstration.

THE TECHNIC OF NURSING. By Minnie Goodnow, R.N. 450 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$2.50.

THE principal merit of Miss Goodnow's new book, "The Technic of Nursing," is the logical organization and simplicity with which the subject

matter is arranged. The book presents briefly and concisely the technic of the nursing procedures most commonly used, and includes a chapter on night nursing, which is a worthy incorporation.

The points of weakness in the book might be summarized briefly as follows:

1. It offers little that is new and goes no farther, and in some instances not so far, as the books of those to whom indebtedness is acknowledged in the author's foreword.

2. Newer treatments, such as heliotherapy, might well have been given greater emphasis.

3. This age in nursing history, while not calling perhaps for new methods in nursing, is calling for a new emphasis upon the old. Student nurses can be expected to nurse more intelligently and sympathetically if they understand the conditions which bring patients to a hospital, and the conditions which that patient is going to find upon departing. While an extensive treatment of these conditions could scarcely be expected in a volume of this size, a social emphasis might have been considered in the chapters on "Care of Medical Cases" and "Care of Communicable Diseases."

4. The text is rather too elementary to interest our better prepared students. It gives method without giving clear reasons for these methods. The nurse of today must interpret medical science. She, therefore, needs the reasons for what she does.

In determining nursing technic, it is well to review the best methods of others. For this reason the book is recommended to instructors. For the student who has been well taught the scientific principles underlying nursing methods, it will prove useful in refreshing the memory.

RUTH BRIDGE, A.B., R.N.
Cincinnati, Ohio

L'INFIRMIERE VISITEUSE. By Mary S. GARDNER, R.N., Director, Providence District Nursing Association, Hon. President, National Organization for Public Health Nursing, U. S. A. Translated from the English by Juliette Lefebvre and Dr. Rene Sand. With a Foreword by Alice Fitzgerald. Les Presses Universitaires de France, 1926. Price, 30 Francs.

THIS is a perfect translation, not only as regards the text but also as regards the spirit, of the second and completely revised edition of Miss Gardner's well-known book, *Public Health Nursing*, which was published in U. S. A. in 1924. It is the best and most comprehensive book on *Public Health Nursing*, which has yet appeared in any country, and it has had a widespread influence on the general development of this special branch of nursing in U. S. A.

It is hoped that the good example of the League of Red Cross Societies, Paris, which has taken the initiative in bringing out this French edition, will be followed by others and that in the near future this unique book will appear in many languages.

—*The I. C. N.*, April, 1926.

VADE MECUM FOR NURSES AND SOCIAL WORKERS. By Edward F. Garesche, S.J. The Bruce Publishing Company, Milwaukee, Wis. Price, \$1.

THIS little "manual of reflections, reminders, instructions, devotions and prayers" is literally pocket-size so that it can be easily carried about by the Catholic nurse or social worker as she goes about her daily task. Its purpose is to help her who uses it to so plan her life that it will become "a harmony like unto the melody of a great orchestra where many instruments must blend together and where, if one is out of tune, the whole sound is a discord."

Official Directory

International Council of Nurses.—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

The American Journal of Nursing Company.—Headquarters, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19 Mass. Sections: Private Duty, Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 781 East Orange Grove Ave., Pasadena, Cal.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Sec., Ada Bell McCleery, Evanston Hospital, Evanston, Ill. Treas., Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfefferkorn, 370 7th Ave., New York.

The National Organization for Public Health Nursing.—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treas., Mary M. Riddle, care American Journal of Nursing, 19 W. Main St., Rochester, N. Y.

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Middle Atlantic Division.—President Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Sec., Annie Crighton, University Hospital, Baltimore, Md.

Northwestern Division, American Nurses' Association.—President, Grace

Phelps, 616 Lovejoy St., Portland, Ore. Sec., Mayme Kube, Good Samaritan Hospital, Portland, Ore.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

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Arkansas.—President, Mrs. Maud Teasdale, 1006 McGown St., Little Rock. Sec., Blanche Tomaszewska, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—President, S. Gotea Dozier, 2437 Larkin St., San Francisco. Sec., Mrs. J. H. Taylor, 743 Call Bldg., San Francisco. State League President, Daisy Dean Urch, 823 Sun Finance Bldg., Los Angeles. Sec., Helen W. Faddis, Pasadena Hospital, Pasadena. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

Colorado.—President, Ella L. Maguiness, 3015 High St., Denver. Secretary, Ruth Gray, 1820 N. Weber St., Colorado Springs. State League President, Laura Elder, St. Luke's Hospital, Denver. Sec., Mary Carney, St. Joseph's Hospital, Denver. President examining board, Luella Morrison, Children's

Hospital, Denver. Sec., Louise Perrin, State House, Denver.

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Delaware.—President, Mrs. Helen T. Wisehart, Homeopathic Hospital, Wilmington. Sec., Ione M. Ludwig, 1112 Shallcross Ave., Wilmington. President examining board, Harold L. Springer, M.D., 1021 Washington St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—President, Gertrude Bowling, Inst. Visiting Nurse Society, Washington. Sec., Mrs. Frances M. Elzey, 1115 Fairmont St., Washington. District League President, Mrs. Isabelle W. Baker, American Red Cross, Washington. Sec., Anna McKeon, Garfield Memorial Hospital, Washington. President examining board, Elizabeth Melby, Walter Reed Hospital, Washington. Sec.-treas., Alice M. Prentiss, 1337 K St., N.W., Washington.

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